#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,561 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR CASH GRANT                | - AGED             | AID CODE                     | 10        |                  |                      |
|----------------------------|----------------|-------------------------------------|--------------------|------------------------------|-----------|------------------|----------------------|
|                            |                |                                     |                    |                              | MON       | THLY AVERA       | GE                   |
| 111,491 ELIGIBLES          | USERS          | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES       | AVERAGE COST<br>PER UNIT/DAY |           | COST PER<br>USER | COST PER<br>ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 86,634         | 6,742,100 \$                        | 38,422,695.38      | \$ 5.70                      | 60.472 \$ | 443.51           | \$ 344.63            |
| @PHYSICIANS SERVICES       | 20,787         | 62,703 \$                           |                    | \$ 21.51                     | .562 \$   |                  |                      |
| OUTPATIENT VISITS          | 4,437          | 5,990                               | 187,616.59         | 31.32                        | .054      | 42.28            | 1.68                 |
| OFFICE VISITS              | 4,176          | 5,546                               | 160,991.31         | 29.03                        | .050      | 38.55            | 1.44                 |
| HOME VISITS                | 1              | 1                                   | 25.20              | 25.20                        | .000      | 25.20            | .00                  |
| EMERGENCY ROOM             | 271            | 300                                 | 23,153.36          | 77.18                        | .003      | 85.44            | .21                  |
| PREVENTIVE CARE            | 0              | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| OB VISITS/COMPRE PERI      | 0              | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| OTHER OUTPATIENT           | 114            | 143                                 | 3,446.72           | 24.10                        | .001      | 30.23            | .03                  |
| INPATIENT VISITS           | 268            | 1,184                               | 53,370.94          | 45.08                        | .011      | 199.15           | .48                  |
| HOSPITAL VISITS            | 247            | 1,109                               | 47,454.53          | 42.79                        | .010      | 192.12           | .43                  |
| CRITICAL CARE              | 17             | 48                                  | 5,299.58           | 110.41                       | .000      | 311.74           | .05                  |
| SNF/ICF/TRANS IP CARE      | 18             | 27                                  | 616.83             | 22.85                        | .000      | 34.27            | .01                  |
| OPHTHALMOLOGICAL SERVICES  | 290            | 377                                 | 13,142.36          | 34.86                        | .003      | 45.32            | .12                  |
| EXAMINATIONS               | 279            | 365                                 | 12,872.07          | 35.27                        | .003      | 46.14            | .12                  |
| SERVICES AND MATERIALS     | 12             | 12                                  | 270.29             | 22.52                        | .000      | 22.52            | .00                  |
| INPATIENT HOSPITAL SURGERY | 108            | 487                                 | 49,605.42          | 101.86                       | .004      | 459.31           | . 44                 |
| PRINCIPAL SURGEON          | 81             | 123                                 | 38,426.19          | 312.41                       | .001      | 474.40           | .34                  |
| ASSISTANT SURGEON          | 13             | 14                                  | 2,790.87           | 199.35                       | .000      | 214.68           | .03                  |
| ANESTHESIOLOGIST           | 35             | 350                                 | 8,388.36           | 23.97                        | .003      | 239.67           | .08                  |
| OUTPATIENT SURGERY         | 375            | 794                                 | 100,120.61         | 126.10                       | .007      | 266.99           | .90                  |
| PRINCIPAL SURGEON          | 319            | 437                                 | 87,838.17          | 201.00                       | .004      | 275.35           | .79                  |
| ASSISTANT SURGEON          | 4              | 4                                   | 610.94             | 152.74                       | .000      | 152.74           | .01                  |
| ANESTHESIOLOGIST           | 91             | 353                                 | 11,671.50          | 33.06                        | .003      | 128.26           | .10                  |
| DIALYSIS                   | 26             | 131                                 | 6,330.95           | 48.33                        | .001      | 243.50           | .06                  |
| PATHOLOGY                  | 710            | 1,207                               | 8,725.00           | 7.23                         | .011      | 11.66            | .08                  |
| RADIOLOGY                  | 1,211          | 2,319                               | 169,860.77         | 73.25                        | .021      | 140.26           | 1.52                 |
| PSYCHIATRY                 | , 0            | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| IMMUNIZATION AND INJECTION | 206            | 875                                 | 22,962.50          | 26.24                        | .008      | 111.47           | .21                  |
| OTHER SERVICES/ALL X-OVERS | 16,355         | 49,339                              | 736,945.23         | 14.94                        | .443      | 45.06            | 6.61                 |
| @PHARMACY                  | 73,364         | 2,574,629 \$                        | 19,748,275.21      | \$ 7.67                      | 23.093 \$ | 269.18           | \$ 177.13            |
| PRESCRIPTION DRUGS         | 72,024         | 304,451                             | 19,009,013.54      | 62.44                        | 2.731     | 263.93           | 170.50               |
| SNF/ICF                    | 2,009          | 12,008                              | 682,222.63         | 56.81                        | .108      | 339.58           | 6.12                 |
| OUTPATIENTS                | 70,640         | 292,443                             | 18,326,790.91      | 62.67                        | 2.623     | 259.44           | 164.38               |
| MEDICAL SUPPLIES           | 7,512          | 2,270,178                           | 739,261.67         | .33                          | 20.362    | 98.41            | 6.63                 |
| @DENTIST                   | 4,801          | 20,932 \$                           | 952,252.41         | \$ 45.49                     | .188 \$   | 198.34           | \$ 8.54              |
| VISITS - DIAGNOSTIC        | 2,878          | 12,447                              | 138,397.96         | 11.12                        | .112      | 48.09            | 1.24                 |
| ORAL SURGERY               | 964            | 2,464                               | 118,764.40         | 48.20                        | .022      | 123.20           | 1.07                 |
| DRUGS                      | 4              | 4                                   | 100.00             | 25.00                        | .000      | 25.00            | .00                  |
| ANESTHESIA                 | 0              | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| PERIODONTICS               | 258            | 267                                 | 26,386.00          | 98.82                        | .002      | 102.27           | .24                  |
| ENDODONTICS                | 218            | 315                                 | 73 <b>,</b> 873.75 | 234.52                       | .003      | 338.87           | .66                  |
| RESTORATIVE DENTISTRY      | 806            | 1,836                               | 145,478.45         | 79.24                        | .016      | 180.49           | 1.30                 |
| PROSTHETICS                | 86             | 95                                  | 2,793.50           | 29.41                        | .001      | 32.48            | .03                  |
| DENTURES, STAYPLATES       | 1,287          | 3,411                               | 446,458.35         | 130.89                       | .031      | 346.90           | 4.00                 |
| SPACE MAINTAINERS          | 0              | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| MAXILLOFACIAL SERVICES     | 0              | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| FRACTURES, DISLOCATIONS    | 0              | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| ORTHODONTIC SERVICES       | 0              | 0                                   | .00                | .00                          | .000      | .00              | .00                  |
| ALL OTHER SERVICES         | 85             | 93                                  | .00                | .00                          | .001      | .00              | .00                  |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,562

AID CODE 10

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

| SACRAMENTO COUNTY                        | SUMMARI OF SERV   | ICES FOR CASH G. | LANI | - AGED       |          | AID CODE       | TO   | ONT. | III V 7777777 | CE. |          |
|--|-------------------|------------------|------|--------------|----------|----------------|------|------|---------------|-----|----------|
| 111 401 FITCIDIES                        | HCEDC             | INTER OF CEDITO  |      | EADENDIMIDEC | 7. 7. 7. | EDACE COCH     | M    |      |               | .GE | COST PER |
| 111,491 ELIGIBLES                        | USERS             | UNITS OF SERVICE |      | EXPENDITURES |          |                |      |      |               |     |          |
| 0.0000000000000000000000000000000000000  | 0 100             | OR DAYS OF CAR   |      | 106 000 16   |          | R UNIT/DAY     |      |      | USER          |     | ELIGIBLE |
| @OPTOMETRIST                             | 2,128             | 6,529            | \$   |              | \$       |                | .059 | Ş    | 59.60         | Ş   | 1.14     |
| DIAGNOSTIC AND ANC. PROCED               | 631               | 671              |      | 26,027.82    |          | 38.79          | .006 |      | 41.25         |     | .23      |
| EYE APPLIANCES                           | 1,744             | 5,607            |      | 92,575.31    |          | 16.51          | .050 |      | 53.08         |     | .83      |
| OTHER OPTOMETRIC SERVICES                | 198               | 251              |      | 8,217.33     |          | 32.74          | .002 |      | 41.50         |     | .07      |
| @CHIROPRACTOR                            | 12                | 25               | \$   | 335.84       | \$       |                | .000 | \$   | 27.99         | \$  | .00      |
| VISITS                                   | 8                 | 13               |      | 200.64       |          | 15.43          | .000 |      | 25.08         |     | .00      |
| OTHER SERVICES                           | 4                 | 12               |      | 135.20       |          | 11.27          | .000 |      | 33.80         |     | .00      |
| @PODIATRIST                              | 4<br>1,537<br>144 | 2 <b>,</b> 454   | \$   |              | \$       |                | .022 | \$   | 19.37         | \$  | .27      |
| MEDICINE/INJECTIONS                      | 144               | 149              |      | 4,722.00     |          | 31.69          | .001 |      | 32.79         |     | .04      |
| SURGERY/ANES.                            | 13                | 15               |      | 249.40       |          | 16.63          | .000 |      | 19.18         |     | .00      |
| RADIO./PATHOLOGY                         | 2                 | 3                |      | 51.90        |          | 17.30          | .000 |      | 25.95         |     | .00      |
| OTHER                                    | 2<br>1,394        | 2 <b>,</b> 287   |      | 24,741.66    |          | 10.82          | .021 |      | 17.75         |     | .22      |
| @HOME HEALTH AGENCY                      | 73                | 425              | \$   | 29,646.78    | \$       | 69.76          | .004 | \$   | 406.12        | \$  | .27      |
| NURSE ANESTHESIST                        | 42                | 349              | \$   | 1,124.30     | \$       | 3.22           | .003 |      | 26.77         | \$  | .01      |
| NURSE MIDWIFE                            | 0                 | 0                | \$   | .00          | \$       | .00            | .000 | \$   | .00           | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER             | 0                 | 0                | \$   |              | \$       | .00            | .000 |      | .00           |     | .00      |
| FAMILY NURSE PRACTITIONER                | _                 | 14               | Ś    | 295.54       |          | 21.11          | .000 |      | 59.11         |     | .00      |
| @TOTAL HOSPITAL                          | 5,589<br>1,081    | 37,078           | \$   |              |          | 151.83         |      |      | 1007.26       |     | 50.49    |
| HOSP INPATIENT TOTAL                     | 1.081             | 4,324            | 7    | 5,086,232.33 | 4        | 1176.28        | .039 | 7    | 4705.12       | 4   | 45.62    |
| HSC HOSPITALS                            | 798               | 4,175            |      | 4,730,696.84 |          | 1133.10        | .037 |      | 5928.19       |     | 42.43    |
| NON-HSC HOSPITAL TOTAL                   | 38                | 149              |      | 142,437.60   |          | 955.96         | .001 |      | 3748.36       |     | 1.28     |
| ACCOMMODATIONS                           | 38                | 149              |      | 54,871.51    |          | 368.27         | .001 |      | 1443.99       |     | .49      |
| ADMINISTRATIVE DAYS                      | 3                 | 4                |      | 759.00       |          | 189.75         | .000 |      | 253.00        |     | .01      |
| TRANSITIONAL IP CARE                     | 0                 | 0                |      | .00          |          | .00            | .000 |      | .00           |     | .00      |
| ALL OTHER ACCOM                          | 35                | 145              |      | 54,112.51    |          | 373.19         | .001 |      | 1546.07       |     | .49      |
| ANCILLARIES                              | 38                | 0                |      | 87,566.09    |          | .00            | .000 |      | 2304.37       |     | .79      |
|  | 264               | 0                |      | 213,097.89   |          | .00            | .000 |      | 807.19        |     | 1.91     |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT | 204               | 0                |      | .00          |          | .00            | .000 |      | .00           |     | .00      |
| ALL CIMER INPAILENT                      |                   |                  |      |              |          | 16 50          |      |      |               |     | 4.87     |
|  | 4,661             | 32,754           |      | 543,324.73   |          | 16.59<br>34.75 | .294 |      | 116.57        |     |          |
| MEDICAL                                  | 213               | 307              |      | 10,669.28    |          | 34.75          | .003 |      | 50.09         |     | .10      |
| SURGERY                                  | 67                | 71               |      | 4,772.90     |          | 67.22          | .001 |      | 71.24         |     | .04      |
| PATHOLOGY                                | 360               | 2,088            |      | 16,541.37    |          | 7.92           | .019 |      | 45.95         |     | .15      |
| RADIOLOGY                                | 257               | 445              |      | 38,399.36    |          | 86.29          | .004 |      | 149.41        |     | .34      |
| ROOM USE                                 | 407               | 537              |      | 22,149.87    |          | 41.25          | .005 |      | 54.42         |     | .20      |
| CROSSOVERS/ALL OTH OUTPTNT               |                   | 29,306           | _    | 450,791.95   | _        | 15.38          |      | _    | 108.00        | _   | 4.04     |
| @COUNTY HOSPITAL TOTAL                   | 32                | 92               | \$   |              | \$       |                | .001 | Ş    |               | Ş   | .24      |
| CO HOSPITAL INPATIENT TOTAL              |                   | 37               |      | 25,801.87    |          | 697.35         | .000 |      | 3685.98       |     | .23      |
| HSC HOSPITALS                            | 6                 | 30               |      | 23,927.09    |          | 797.57         | .000 |      | 3987.85       |     | .21      |
| NON-HSC HOSPITALS TOTAL                  | 2                 | 7                |      | 998.78       |          | 142.68         | .000 |      | 499.39        |     | .01      |
| ACCOMMODATIONS                           | 2                 | 7                |      | 615.21       |          | 87.89          | .000 |      | 307.61        |     | .01      |
| ADMINISTRATIVE DAYS                      | 0                 | 0                |      | .00          |          | .00            | .000 |      | .00           |     | .00      |
| TRANSITIONAL IP CARE                     | 0                 | 0                |      | .00          |          | .00            | .000 |      | .00           |     | .00      |
| ALL OTHER ACCOM                          | 2                 | 7                |      | 615.21       |          | 87.89          | .000 |      | 307.61        |     | .01      |
| ANCILLARIES                              | 2                 | 0                |      | 383.57       |          | .00            | .000 |      | 191.79        |     | .00      |
| INPATIENT CROSSOVERS                     | 1                 | 0                |      | 876.00       |          | .00            | .000 |      | 876.00        |     | .01      |
| ALL OTHER INPATIENT                      | 0                 | 0                |      | .00          |          | .00            | .000 |      | .00           |     | .00      |
| CO HOSP OUTPATIENT TOTAL                 | 26                | 55               |      | 1,273.11     |          | 23.15          | .000 |      | 48.97         |     | .01      |
| MEDICAL                                  | 3                 | 3                |      | 89.74        |          | 29.91          | .000 |      | 29.91         |     | .00      |
| SURGERY                                  | 0                 | 0                |      | .00          |          | .00            | .000 |      | .00           |     | .00      |
| PATHOLOGY                                | 0                 | 0                |      | .00          |          | .00            | .000 |      | .00           |     | .00      |
|  |                   |                  |      |              |          |                |      |      |               |     |          |

1 1 RADIOLOGY 29.45 29.45 .000 29.45 .00 5 5 183.30 36.66 36.66 ROOM USE .000 .00 46 21.10 46.22 CROSSOVERS/ALL OTH OUTPTNT 21 970.62 .000 .01 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,563 #CALIF DEPT OF HEALTH SERV

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

| SACRAMENTO COUNTY  | SIIMMARY OF SER    | VICES FOR CASH GRAN  | T - ACED                   | AID CODE                   | 10             |  | 03/11/03    |
|--|--------------------|----------------------|----------------------------|----------------------------|----------------|--|-------------|
| SACKAPENTO COUNTI  | SOMMANI OF SER     | VICES FOR CASH GRAN  | 1 AGED                     | AID CODE                   | MONTH          | TIV AUEDACI  | 7           |
| 111,491 ELIGIBLES  | HCEDC              | UNITS OF SERVICE     | EADENDIMIDES               | AVERAGE COST               | /              |  | COST PER    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT                  | USEKS              | OR DAYS OF CARE      | EXECUDITORES               | PER UNIT/DAY               | . UNIIS/DAIS ( | USER   |             |
| ACOMMINITAL HORDINAL MODAL   | E                  | OR DAIS OF CARE      | E 602 492 09               | C 151 /0                   | . בפע החות     | 1008.00 \$   |             |
| COMM HOCE INDAMERNE HOEAL  | J, JJ0             | 30,900 7             | 5,002,402.00               | ې LJL.40                   | .038           | 1707.00  | 45.39       |
| COMM HOSP INPATIENT TOTAL  | 1,075              | 4,28/                | 5,000,430.40               | 1180.41                    | .038           | 4707.38  | 45.39       |
| HSC HOSPITALS  | /93                | 4,145                | 4,/06,/69./5               | 1135.53                    | .037           | 5935.40<br>3928.86                                 | 42.22       |
| NON-HSC HOSPITALS TOTAL  | 36                 | 142                  | 141,438.82                 | 996.05                     | .001           | 3928.86  | 1.27        |
| ACCOMMODATIONS   | 36                 | 142                  | 54,256.30                  | 382.09                     | .001           | 1507.12  | .49         |
| ADMINISTRATIVE DAYS  | 3                  | 4                    | 759.00                     | 189.75                     | .000           | 253.00   | .01         |
| TRANSITIONAL IP CARE   | 0                  | 0                    | .00                        | .00                        | .000           | .00  | .00         |
| ALL OTHER ACCOM  | 33                 | 138                  | 53,497.30                  | 387.66                     | .001           | 1621.13  | .48         |
| ANCILLARIES  | 36                 | 0                    | 87,182.52                  | .00                        | .000           | 2421.74  | .78         |
| INPATIENT CROSSOVERS   | 263                | 0                    | 212,221.89                 | .00                        | .000           | 806.93   | 1.90        |
| ALL OTHER INPATIENT  | 0                  | 0                    | .00                        | .00                        | .000           | .00  | .00         |
| COMM HOSP OUTPATIENT TOTAL   | 4,635              | 32,699               | 542,051.62                 | 16.58                      | .293           | 116.95   | 4.86        |
| MEDICAL  | 210                | 304                  | 10,579.54                  | 34.80                      | .003           | 50.38  | .09         |
| SURGERY  | 67                 | 71                   | 4.772.90                   | 67.22                      | . 0.01         | 71.24  | .04         |
| PATHOLOGY  | 360                | 2.088                | 16.541 37                  | 7 92                       | 019            | 45 95  | .15         |
| RADIOLOGY  | 256                | 444                  | 38 369 91                  | 86 42                      | 004            | 149 88   | .34         |
| POOM IIGE  | 402                | 532                  | 21 966 57                  | /1 2Q                      | .005           | .00<br>116.95<br>50.38<br>71.24<br>45.95<br>149.88 | .20         |
| CDOCCOVEDC/ALL OUR OURDING   | r // 153           | 29 260               | 440 821 33                 | 15 37                      | .262           | 54.64<br>108.31                                    | 4.03        |
| CROSSOVERS/ALL OIR OUIFINI   | 4,133              | 29,200               | 449,021.33                 | \$ .00                     | .202           | .00 \$   |             |
| WENTER TOSPITAL  | 0                  | 0 7                  | .00                        | ٠٠٠ ،                      | .000 \$        | .00  | .00         |
| MENTALLY ILL   | 0                  | 0                    | .00                        |                            | .000           |  |             |
| DEVELOP. DISABLED  | 1 504              | 0                    | .00<br>5,282,745.09        | .00                        | .000           | .00  | .00         |
| CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH   | 1,584              | 38,822 \$            | 5,282,745.09               | \$ 136.08                  | .348 \$        | 3335.07 \$   |             |
| LEV A-INTERMEDIATE   | 14                 | 444                  | 31,020.49                  | 69.87<br>125.22<br>381.16  | .004           | 2215.75  | .28         |
| LEV B-REHAB MD   | 11                 | 363                  | 45,455.81                  | 125.22                     | .003           | 4132.35  | .41         |
| LEV B-SUBACUTE FREESTANDING  | § 4                | 123                  | 46,883.00                  | 381.16                     | .001           | 11720.75   | . 42        |
| LEV B-SUBACUTE HSPTL BASED   | 7                  | 155                  | 79,472.28<br>.00           | 512.72                     | .001           | 11353.18   | .71         |
| LEV B-TRANSITIONAL IP CARE   | 0                  | 0                    | .00<br>5,079,913.51<br>.00 | 125.22<br>381.16<br>512.72 | .000           | .00  | .00         |
| LEV B-REGULAR  | 1 <b>,</b> 554     | 37 <b>,</b> 737      | 5,079,913.51               | 134.61                     | .338           | 3268.93  | 45.56       |
| @INTERMEDIATE CARE FACILDD   | 0                  | 0 \$                 | .00                        | \$ .00                     | .000 \$        | .00 \$   | \$ .00      |
| ICF DDH  | 0                  | 0                    | .00                        | .00                        | .000           | .00  | .00         |
| ICF DD   | 0                  | 0                    | .00                        | .00                        | .000           | .00  | .00         |
| ICF DDN/DDCN   | 0                  | 0                    | .00                        | .00                        | .000           | .00  | .00         |
| @HEMODIALYSIS TOTAL  | 440                | 2,260 \$             | 346,038.84                 | \$ 153.11                  | .020 \$        | 786.45   | 3.10        |
| HOSPITAL BASED   | 4                  | 50                   | 9,805.36                   | 196.11                     | .000           | 2451.34  | .09         |
| HEMODIALYSIS CENTER  | 436                | 2,210                | 336,233,48                 | 152.14                     | .020           | 771.18   | 3.02        |
| @REHABILITATION FACILITY   | 8                  | 23 \$                | 566.29                     | \$ 24.62                   | .000 \$        | 70.79 \$   | \$ .01      |
| HOSPITAL BASED   | 8                  | 23                   | 566 29                     | 24 62                      | 000            | 70 79  | .01         |
| TNDEPENDENT FACTLITY   | 0                  | 0                    | 0.0                        | 00                         | 000            | 00   | .00         |
| GLABORATORY FACTLITY   | 1 670              | 5 752 S              | 63 095 71                  | \$ 10.97                   | .000<br>052 \$ | 37.78 \$   | .57         |
| PATHOLOGY  | 1,070              | 5,732 P              | 58 505 05                  | 10.37                      | 048            | 39 66  | .52         |
| VO AND OTHERS  | 105                | 368                  | 4 590 66                   | 12.47                      | .040           | 23.54  | .04         |
| AODCANIZED OURDARTENE CLINIC   | 034                | 3 0.45 ¢             | 126 620 52                 | 2 11 07                    | .003           | 163.84 \$  | 1.23        |
| CITNIC   | 034                | 3,043 P              | 130,030.32                 | ې 44.0 <i>1</i>            | .UZ/ >         | 100.04   | 7 1.23      |
| CLINIC   | ∠85<br>25 <i>6</i> | 1,743                | 3/,115.12                  | 21.29                      | .010           | 13U.Z3   | .33         |
| SURGICENTER  | 356                | 1,026                | 82,283.40                  | 80.20                      | .009           | Z31.13   | .74         |
| HEROIN DETOX CLINIC  | 0                  | U                    | .00                        | .00                        | .000           | .00  | .00         |
| RURAL HEALTH CLINIC  | 194                | 276                  | 17,240.00                  | 62.46                      | .002           | 88.87  | .15         |
| @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI     | JES AND EXPENDITURES | MONTH-OF-PAYMENT           | KEPORT FOR JAN             | ∠UU4 THRU DEC  | ∠∪∪4   | PAGE 10,564 |

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| SACKAPENTO COUNTY              | DOMESTIC OF DELIVE | ED FOIL CHOIL GIVANT | AGED         | AID CODE     | 10         |             |          |
|--------------------------------|--------------------|----------------------|--------------|--------------|------------|-------------|----------|
|                                |                    |                      |              |              | MC         | NTHLY AVERA | GE       |
| 111,491 ELIGIBLES              | USERS U            | NITS OF SERVICE      | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                                |                    | OR DAYS OF CARE      |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 17,458             | 3,987,060 \$         | 4,726,858.00 | \$ 1.19      | 35.761     | \$ 270.76   | \$ 42.40 |
| DURABLE MED. EQUIP.            | 717                | 1,421                | 165,624.32   | 116.55       | .013       | 231.00      | 1.49     |
| BLOOD BANK                     | 0                  | 0                    | .00          | .00          | .000       | .00         | .00      |
| HEARING AID DISPENSERS         | 66                 | 83                   | 34,263.30    | 412.81       | .001       | 519.14      | .31      |
| MEDICAL TRANSPORTATION         | 1,639              | 82 <b>,</b> 231      | 335,256.82   | 4.08         | .738       | 204.55      | 3.01     |
| AMBULANCES/AIR TRANS           | 331                | 1,648                | 34,962.89    | 21.22        | .015       | 105.63      | .31      |
| OTHER TRANS                    | 1,085              | 78 <b>,</b> 548      | 292,882.68   | 3.73         | .705       | 269.94      | 2.63     |
| OTHER SERVICES                 | 282                | 2,035                | 7,411.25     | 3.64         | .018       | 26.28       | .07      |
| ACUPUNCTURE                    | 2,107              | 4,915                | 86,219.92    | 17.54        | .044       | 40.92       | .77      |
| ADULT DAY HEALTH CARE CTR      | 2,512              | 35 <b>,</b> 819      | 2,471,252.25 | 68.99        | .321       | 983.78      | 22.17    |
| GENETIC DISEASE TESTING        | 0                  | 0                    | .00          | .00          | .000       | .00         | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 987                | 6 <b>,</b> 817       | 370,398.33   | 54.33        | .061       | 375.28      | 3.32     |
| OCCUPATIONAL THERAPIST         | 2                  | 62                   | 198.21       | 3.20         | .001       | 99.11       | .00      |
| OPTICIAN                       | 2,371              | 5 <b>,</b> 802       | 65,901.85    | 11.36        | .052       | 27.79       | .59      |
| PHYSICAL THERAPIST             | 69                 | 633                  | 8,284.64     | 13.09        | .006       | 120.07      | .07      |
| PORTABLE X-RAY                 | 93                 | 174                  | 396.13       | 2.28         | .002       | 4.26        | .00      |
| PROSTHETIST/ORTHOTISTS         | 70                 | 178                  | 4,688.69     | 26.34        | .002       | 66.98       | .04      |
| PROSTHETICS                    | 70                 | 178                  | 4,688.69     | 26.34        | .002       | 66.98       | .04      |
| ORTHOTICS                      | 0                  | 0                    | .00          | .00          | .000       | .00         | .00      |
| PSYCHOLOGIST                   | 7                  | 11                   | 25.28        | 2.30         | .000       | 3.61        | .00      |
| SPEECH AND AUDIOLOGY           | 412                | 1,110                | 122,765.05   | 110.60       | .010       | 297.97      | 1.10     |
| HOSPICE SERVICES               | 130                | 3,234                | 432,206.36   | 133.64       | .029       | 3324.66     | 3.88     |
| NONINST BIRTHING CENTERS       | 0                  | 0                    | .00          | .00          | .000       | .00         | .00      |
| LOCAL EDUCATION AGENCIES       | 3                  | 4                    | 34.49        | 8.62         | .000       | 11.50       | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0                  | 0                    | .00          | .00          | .000       | .00         | .00      |
| RESPIRATORY CARE PRACT.        | 0                  | 0                    | .00          | .00          | .000       | .00         | .00      |
| PED SUBACUTE REHAB/WEANING     | 0                  | 0                    | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER PROVIDERS            | 8,289              | 3,844,566            | 629,342.36   | .16          | 34.483     | 75.93       | 5.64     |
| @CALIF. CHILDREN SERVICES*     | 2                  | 6 \$                 | 376.80       | \$ 62.80     | .000       | \$ 188.40   | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**  | 23,432             | 305,468 \$           | 2,449,628.17 | \$ 8.02      | 2.740      | \$ 104.54   | \$ 21.97 |
| 0* TOTALS IN THESE LINES ARE   | GIVEN AS A SEPARAT | E INFORMATION ITEM   | ONLY;        |              |            |             |          |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,565 FEE-FOR-SERVICE/DENTAL 03/14/05 MOP024 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

MONIBULL ATTERNACE

|                       |       |                  |    |              |              | MOI        | NTHLY AVERA | GE        |
|-----------------------|-------|------------------|----|--------------|--------------|------------|-------------|-----------|
| 11,253 ELIGIBLES      | USERS | UNITS OF SERVIC  | E  | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER  |
|                       |       | OR DAYS OF CAR   | E  |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS | 8,696 | 897 <b>,</b> 271 | \$ | 6,612,435.46 | \$ 7.37      | 79.736     | \$ 760.40   | \$ 587.62 |
| @PHYSICIANS SERVICES  | 3,100 | 9,800            | \$ | 342,830.85   | \$ 34.98     | .871       | \$ 110.59   | \$ 30.47  |
| OUTPATIENT VISITS     | 1,626 | 2,382            |    | 80,794.69    | 33.92        | .212       | 49.69       | 7.18      |
| OFFICE VISITS         | 1,264 | 1,766            |    | 53,710.67    | 30.41        | .157       | 42.49       | 4.77      |
| HOME VISITS           | 0     | 0                |    | .00          | .00          | .000       | .00         | .00       |
| EMERGENCY ROOM        | 236   | 269              |    | 18,442.68    | 68.56        | .024       | 78.15       | 1.64      |
| PREVENTIVE CARE       | 1     | 1                |    | 37.39        | 37.39        | .000       | 37.39       | .00       |
| OB VISITS/COMPRE PERI | 5     | 25               |    | 509.69       | 20.39        | .002       | 101.94      | .05       |
| OTHER OUTPATIENT      | 244   | 321              |    | 8,094.26     | 25.22        | .029       | 33.17       | .72       |
| INPATIENT VISITS      | 154   | 745              |    | 38,402.67    | 51.55        | .066       | 249.37      | 3.41      |
| HOSPITAL VISITS       | 120   | 628              |    | 27,478.09    | 43.75        | .056       | 228.98      | 2.44      |
| CRITICAL CARE         | 16    | 69               |    | 9,351.45     | 135.53       | .006       | 584.47      | .83       |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF/TRANS IP CARE      | 33    | 48      | 1,573.13           | 32.77       | .004   | 47.67        | .14          |
|----------------------------|-------|---------|--------------------|-------------|--------|--------------|--------------|
| OPHTHALMOLOGICAL SERVICES  | 194   | 260     | 9,927.14           | 38.18       | .023   | 51.17        | .88          |
| EXAMINATIONS               | 190   | 255     | 9,808.91           | 38.47       | .023   | 51.63        | .87          |
| SERVICES AND MATERIALS     | 5     | 5       | 118.23             | 23.65       | .000   | 23.65        | .01          |
| INPATIENT HOSPITAL SURGERY | 48    | 225     | 27,585.57          | 122.60      | .020   | 574.70       | 2.45         |
| PRINCIPAL SURGEON          | 36    | 56      | 21,902.73          | 391.12      | .005   | 608.41       | 1.95         |
| ASSISTANT SURGEON          | 5     | 5       | 1,420.28           | 284.06      | .000   | 284.06       | .13          |
| ANESTHESIOLOGIST           | 19    | 164     | 4,262.56           | 25.99       | .015   | 224.35       | .38          |
| OUTPATIENT SURGERY         | 189   | 491     | 53,711.57          | 109.39      | .044   | 284.19       | 4.77         |
| PRINCIPAL SURGEON          | 154   | 203     | 45,198.46          | 222.65      | .018   | 293.50       | 4.02         |
| ASSISTANT SURGEON          | 4     | 4       | 938.57             | 234.64      | .000   | 234.64       | .08          |
| ANESTHESIOLOGIST           | 52    | 284     | 7,574.54           | 26.67       | .025   | 145.66       | .67          |
| DIALYSIS                   | 79    | 356     | 22,291.02          | 62.62       | .032   | 282.16       | 1.98         |
| PATHOLOGY                  | 218   | 400     | 3,649.75           | 9.12        | .036   | 16.74        | .32          |
| RADIOLOGY                  | 479   | 916     | 37,658.56          | 41.11       | .081   | 78.62        | 3.35         |
| PSYCHIATRY                 | 1     | 1       | 32.98              | 32.98       | .000   | 32.98        | .00          |
| IMMUNIZATION AND INJECTION | 72    | 116     | 1,912.38           | 16.49       | .010   | 26.56        | .17          |
| OTHER SERVICES/ALL X-OVERS | 1,327 | 3,908   | 66,864.52          | 17.11       | .347   | 50.39        | 5.94         |
| @PHARMACY                  | 6,904 | 331,330 | \$<br>2,691,701.29 | \$<br>8.12  | 29.444 | \$<br>389.88 | \$<br>239.20 |
| PRESCRIPTION DRUGS         | 6,714 | 32,189  | 2,519,901.46       | 78.28       | 2.860  | 375.32       | 223.93       |
| SNF/ICF                    | 194   | 988     | 101,205.75         | 102.43      | .088   | 521.68       | 8.99         |
| OUTPATIENTS                | 6,604 | 31,201  | 2,418,695.71       | 77.52       | 2.773  | 366.25       | 214.94       |
| MEDICAL SUPPLIES           | 1,346 | 299,141 | 171,799.83         | .57         | 26.583 | 127.64       | 15.27        |
| @DENTIST                   | 485   | 2,407   | \$<br>74,817.25    | \$<br>31.08 | .214   | \$<br>154.26 | \$<br>6.65   |
| VISITS - DIAGNOSTIC        | 334   | 1,653   | 19,887.90          | 12.03       | .147   | 59.54        | 1.77         |
| ORAL SURGERY               | 89    | 236     | 12,832.00          | 54.37       | .021   | 144.18       | 1.14         |
| DRUGS                      | 1     | 1       | .00                | .00         | .000   | .00          | .00          |
| ANESTHESIA                 | 0     | 0       | .00                | .00         | .000   | .00          | .00          |
| PERIODONTICS               | 32    | 35      | 3,523.00           | 100.66      | .003   | 110.09       | .31          |
| ENDODONTICS                | 21    | 23      | 5,876.00           | 255.48      | .002   | 279.81       | .52          |
| RESTORATIVE DENTISTRY      | 101   | 262     | 13,073.00          | 49.90       | .023   | 129.44       | 1.16         |
| PROSTHETICS                | 5     | 5       | 140.00             | 28.00       | .000   | 28.00        | .01          |
|                            |       |         |                    |             |        |              |              |

| DENTURES, STAYPLATES       | 50                   | 171             | 18,960.35               | 110.88     | .015       | 379.21       | 1.68        |
|----------------------------|----------------------|-----------------|-------------------------|------------|------------|--------------|-------------|
| SPACE MAINTAINERS          | 0                    | 0               | .00                     | .00        | .000       | .00          | .00         |
| MAXILLOFACIAL SERVICES     | 0                    | 0               | .00                     | .00        | .000       | .00          | .00         |
| FRACTURES, DISLOCATIONS    | 0                    | 0               | .00                     | .00        | .000       | .00          | .00         |
| ORTHODONTIC SERVICES       | 8                    | 9               | 525.00                  | 58.33      | .001       | 65.63        | .05         |
| ALL OTHER SERVICES         | 16                   | 12              | .00                     | .00        | .001       | .00          | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ND EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2  | 004 THRU D | EC 2004      | PAGE 10,566 |
| MOP024                     | FEE-FOR-SERVICE/DEN  | ΓAL             |                         |            |            |              | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES  | FOR CASH GRANT  | - BLIND                 | AID CODE 2 | 20         |              |             |
|                            |                      |                 |                         | _          | MO         | NTHIV AVERAC | F           |

| SACRAMENTO COUNTY                       | SUMMARY OF SER | VICES FOR CASH G. | RANT - | - BLIND                 |    | AID CODE          | 20        |     |           |     |          |
|---|----------------|-------------------|--------|-------------------------|----|-------------------|-----------|-----|-----------|-----|----------|
|   |                |                   |        |                         |    |                   | M         | ONT | HLY AVERA | GE. |          |
| 11,253 ELIGIBLES                        | USERS          | UNITS OF SERVICE  | E      | EXPENDITURES            | ΑV | ERAGE COST        | UNITS/DAY | S   | COST PER  |     | COST PER |
| 11,200 221012220                        | 002110         | OR DAYS OF CAR    |        | 2111 2112 1 1 0 1 1 2 0 |    | R UNIT/DAY        |           |     | USER      |     | ELIGIBLE |
| 0.0000000000000000000000000000000000000 | 1.05           |                   |        | 0 060 55                |    |                   |           |     |           |     | -        |
| @OPTOMETRIST                            | 137            | 375               | \$     | •                       | \$ |                   | .033      | Ş   |           | Ş   | .80      |
| DIAGNOSTIC AND ANC. PROCED              | 62             | 63                |        | 2,451.81                |    | 38.92             | .006      |     | 39.55     |     | .22      |
| EYE APPLIANCES                          | 104            | 304               |        | 6,169.84                |    | 20.30             | .027      |     | 59.33     |     | .55      |
| OTHER OPTOMETRIC SERVICES               | 5              | 8                 |        | 347.92                  |    | 43.49             | .001      |     | 69.58     |     | .03      |
| @CHIROPRACTOR                           | 18             | 28                | \$     |                         | \$ |                   | .002      | ċ   | 26.01     | ċ   | .04      |
|   |                |                   | Ş      |                         | Ą  |                   |           | Ş   |           | Ş   |          |
| VISITS                                  | 17             | 27                |        | 451.44                  |    | 16.72             | .002      |     | 26.56     |     | .04      |
| OTHER SERVICES                          | 1              | 1                 |        | 16.72                   |    | 16.72             | .000      |     | 16.72     |     | .00      |
| @PODIATRIST                             | 205            | 318               | \$     | 5,012.18                | \$ | 15.76             | .028      | \$  | 24.45     | \$  | .45      |
| MEDICINE/INJECTIONS                     | 52             | 55                |        | 1,643.80                |    | 29.89             | .005      |     | 31.61     |     | .15      |
| SURGERY/ANES.                           | 6              | 10                |        | 181.06                  |    | 18.11             | .001      |     | 30.18     |     | .02      |
|   |                |                   |        |                         |    |                   |           |     |           |     |          |
| RADIO./PATHOLOGY                        | 2              | 2                 |        | 34.60                   |    | 17.30             | .000      |     | 17.30     |     | .00      |
| OTHER                                   | 155            | 251               |        | 3 <b>,</b> 152.72       |    | 12.56             | .022      |     | 20.34     |     | .28      |
| @HOME HEALTH AGENCY                     | 133            | 7,929             | \$     | 250,472.75              | \$ | 31.59             | .705      | \$  | 1883.25   | \$  | 22.26    |
| NURSE ANESTHESIST                       | 7              | ,<br>60           | \$     | 174.99                  | \$ | 2.92              | .005      |     |           | \$  | .02      |
| NURSE MIDWIFE                           | 0              | 0                 | \$     | .00                     | \$ | .00               | .000      |     |           | \$  | .00      |
|   | •              |                   |        |                         |    |                   |           |     |           |     |          |
| PEDIATRIC NURSE PRACTITIONER            |                | 0                 | \$     |                         | \$ | .00               | .000      |     | .00       |     | .00      |
| FAMILY NURSE PRACTITIONER               | 4              | 10                | \$     |                         |    | 18.25             | .001      |     | 45.62     |     | .02      |
| @TOTAL HOSPITAL                         | 1,273          | 9,309             | \$     | 1,327,968.72            | \$ | 142.65            | .827      | \$  | 1043.18   | \$  | 118.01   |
| HOSP INPATIENT TOTAL                    | 154            | 850               |        | 1,028,290.83            |    | 1209.75           | .076      |     | 6677.21   |     | 91.38    |
| HSC HOSPITALS                           | 125            | 805               |        |                         |    |                   | .072      |     | 7841.09   |     | 87.10    |
|   |                |                   |        | 900,133.97              |    | 1217.56<br>535.88 |           |     |           |     |          |
| NON-HSC HOSPITAL TOTAL                  | 4              | 45                |        | 24,114.56               |    | 535.88            | .004      |     | 6028.64   |     | 2.14     |
| ACCOMMODATIONS                          | 4              | 45                |        | 12,323.63               |    | 273.86            | .004      |     | 3080.91   |     | 1.10     |
| ADMINISTRATIVE DAYS                     | 0              | 0                 |        | .00                     |    | .00               | .000      |     | .00       |     | .00      |
| TRANSITIONAL IP CARE                    | 0              | 0                 |        | .00                     |    | .00               | .000      |     | .00       |     | .00      |
| ALL OTHER ACCOM                         | 4              | 45                |        | 12,323.63               |    | 273.86            | .004      |     | 3080.91   |     | 1.10     |
|   | 4              | 0                 |        | 11,790.93               |    | .00               | .000      |     | 2947.73   |     | 1.05     |
| ANCILLARIES                             |                |                   |        |                         |    |                   |           |     |           |     |          |
| INPATIENT CROSSOVERS                    | 28             | 0                 |        | 24,040.30               |    | .00               | .000      |     | 858.58    |     | 2.14     |
| ALL OTHER INPATIENT                     | 0              | 0                 |        | .00                     |    | .00               | .000      |     | .00       |     | .00      |
| HOSP OUTPATIENT TOTAL                   | 1,172          | 8,459             |        | 299,677.89              |    | 35.43             | .752      |     | 255.70    |     | 26.63    |
| MEDICAL                                 | 194            | 282               |        | 9,235.21                |    | 32.75             | .025      |     | 47.60     |     | .82      |
| SURGERY                                 | 76             | 84                |        | 6,156.41                |    | 73.29             | .007      |     | 81.01     |     | .55      |
|   |                |                   |        |                         |    |                   |           |     |           |     |          |
| PATHOLOGY                               | 357            | 2,310             |        | 18,832.96               |    | 8.15              | .205      |     | 52.75     |     | 1.67     |
| RADIOLOGY                               | 220            | 326               |        | 27,503.13               |    | 84.37             | .029      |     | 125.01    |     | 2.44     |
| ROOM USE                                | 630            | 1,003             |        | 39,676.89               |    | 39.56             | .089      |     | 62.98     |     | 3.53     |
| CROSSOVERS/ALL OTH OUTPINT              | 563            | 4,454             |        | 198,273.29              |    | 44.52             | .396      |     | 352.17    |     | 17.62    |
| @COUNTY HOSPITAL TOTAL                  | 3              | 63                | \$     |                         | Ċ  | 614.95            |           | Ċ   | 12914.05  | Ċ   | 3.44     |
|   |                |                   | Y      |                         | Y  |                   | .000      | Y   | 20601 54  | Y   |          |
| CO HOSPITAL INPATIENT TOTAL             |                | 52                |        | 38,601.54               |    | 742.34            | .005      |     | 38601.54  |     | 3.43     |
| HSC HOSPITALS                           | 1              | 30                |        | 33,000.00               |    | 1100.00           | .003      |     | 33000.00  |     | 2.93     |
| NON-HSC HOSPITALS TOTAL                 | 1              | 22                |        | 5,601.54                |    | 254.62            | .002      |     | 5601.54   |     | .50      |
| ACCOMMODATIONS                          | 1              | 22                |        | 5,088.60                |    | 231.30            | .002      |     | 5088.60   |     | .45      |
| ADMINISTRATIVE DAYS                     | 0              | 0                 |        | .00                     |    | .00               | .000      |     | .00       |     | .00      |
|   | 0              | 0                 |        | .00                     |    |                   | .000      |     | .00       |     | .00      |
| TRANSITIONAL IP CARE                    |                |                   |        |                         |    | .00               |           |     |           |     |          |
| ALL OTHER ACCOM                         | 1              | 22                |        | 5,088.60                |    | 231.30            | .002      |     | 5088.60   |     | .45      |
| ANCILLARIES                             | 1              | 0                 |        | 512.94                  |    | .00               | .000      |     | 512.94    |     | .05      |
|   |                |                   |        |                         |    |                   |           |     |           |     |          |

| TNDAMINA CDOCCOVADO                      | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
|--|-----------------|-------------------|----------|--------------------|-------|-------------|-------------|-------|-----------|------|------------|
| INPATIENT CROSSOVERS ALL OTHER INPATIENT | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| CO HOSP OUTPATIENT TOTAL                 | 0               | 11                |          | 140.61             |       | 12.78       | .001        |       | 70.31     |      | .00        |
| MEDICAL MEDICAL                          | ∠ 1             | 1                 |          | 8.44               |       | 8.44        | .000        |       | 8.44      |      | .00        |
| SURGERY                                  |                 | Ţ                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| PATHOLOGY                                | 1               | 5                 |          | 47.28              |       | 9.46        | .000        |       | 47.28     |      | .00        |
| RADIOLOGY                                | Ū               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| ROOM USE                                 | 1               | 1                 |          | 52.23              |       | 52.23       | .000        |       | 52.23     |      | .00        |
| CROSSOVERS/ALL OTH OUTPTNT               | 2               | 1                 |          | 32.23              |       | 8.17        | .000        |       | 16.33     |      | .00        |
| #CALIF DEPT OF HEALTH SERV               |                 | TEC AND EVDENDIMI | DEC MO   | ONTH-OF-PAYMENT RI | E DOD |             |             | )EC   |           | D    | AGE 10,567 |
| MOP024                                   | FEE-FOR-SERVICE |                   | KES M    | JNIH-OF-FAIMENI KI | EFORI | . FOR JAN 2 | .004 INKO I |       | 2004      | E Z  | 03/14/05   |
| SACRAMENTO COUNTY                        |                 | ICES FOR CASH G   | י דוו גם | - BITND            |       | AID CODE    | 20          |       |           |      | 03/14/03   |
| SACKAMENIO COUNTI                        | SOMMAKI OF SERV | ICES FOR CASH G   | I/VII/ I | BHIND              |       | AID CODE    | MC          | ייוער | HIV AMERA | CF - |            |
| 11,253 ELIGIBLES                         | USERS           | UNITS OF SERVIC   | F        | EXPENDITURES       | Δ1/Ε  | RAGE COST   |             |       | COST PER  | -    | COST PER   |
| 11,233 EDIGIBLES                         | OPERD           | OR DAYS OF CAR    |          | EXFENDITORES       |       | R UNIT/DAY  |             | ) (   | USER      |      | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL                | 1,272           | 9,246             | \$       | 1,289,226.57       |       | 139.44      | .822        | Ś     | 1013.54   |      | 114.57     |
| COMM HOSP INPATIENT TOTAL                | 153             | 798               | Υ        | 989,689.29         |       | 1240.21     | .071        | ۲     | 6468.56   | Ψ    | 87.95      |
| HSC HOSPITALS                            | 124             | 775               |          | 947,135.97         |       | 1222.11     | .069        |       | 7638.19   |      | 84.17      |
| NON-HSC HOSPITALS TOTAL                  | 3               | 23                |          | 18,513.02          |       | 804.91      | .002        |       | 6171.01   |      | 1.65       |
| ACCOMMODATIONS                           | 3               | 23                |          | 7,235.03           |       | 314.57      | .002        |       | 2411.68   |      | .64        |
| ADMINISTRATIVE DAYS                      | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| TRANSITIONAL IP CARE                     | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| ALL OTHER ACCOM                          | 3               | 23                |          | 7,235.03           |       | 314.57      | .002        |       | 2411.68   |      | .64        |
| ANCILLARIES                              | 3               | 0                 |          | 11,277.99          |       | .00         | .000        |       | 3759.33   |      | 1.00       |
| INPATIENT CROSSOVERS                     | 28              | Ő                 |          | 24,040.30          |       | .00         | .000        |       | 858.58    |      | 2.14       |
| ALL OTHER INPATIENT                      | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| COMM HOSP OUTPATIENT TOTAL               | 1,172           | 8,448             |          | 299,537.28         |       | 35.46       | .751        |       | 255.58    |      | 26.62      |
| MEDICAL                                  | 193             | 281               |          | 9,226.77           |       | 32.84       | .025        |       | 47.81     |      | .82        |
| SURGERY                                  | 76              | 84                |          | 6,156.41           |       | 73.29       | .007        |       | 81.01     |      | .55        |
| PATHOLOGY                                | 357             | 2,305             |          | 18,785.68          |       | 8.15        | .205        |       | 52.62     |      | 1.67       |
| RADIOLOGY                                | 220             | 326               |          | 27,503.13          |       | 84.37       | .029        |       | 125.01    |      | 2.44       |
| ROOM USE                                 | 629             | 1,002             |          | 39,624.66          |       | 39.55       | .089        |       | 63.00     |      | 3.52       |
| CROSSOVERS/ALL OTH OUTPINT               | 561             | 4,450             |          | 198,240.63         |       | 44.55       | .395        |       | 353.37    |      | 17.62      |
| @STATE HOSPITAL                          | 0               | 0                 | \$       | .00                | \$    | .00         | .000        | \$    | .00       | \$   | .00        |
| MENTALLY ILL                             | 0               | 0                 | •        | .00                | ·     | .00         | .000        |       | .00       |      | .00        |
| DEVELOP. DISABLED                        | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| @NURSING FACILITY                        | 104             | 2,464             | \$       | 373,670.87         | \$    | 151.65      | .219        | \$    | 3592.99   | \$   | 33.21      |
| LEV A-INTERMEDIATE                       | 0               | 0                 | •        | .00                |       | .00         | .000        |       | .00       |      | .00        |
| LEV B-REHAB MD                           | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| LEV B-SUBACUTE FREESTANDING              | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| LEV B-SUBACUTE HSPTL BASED               | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
| LEV B-TRANSITIONAL IP CARE               | 0               | 0                 |          | .00                |       | .00         | .000        |       | .00       |      | .00        |
|  |                 |                   |          |                    |       |             |             |       |           |      |            |

373,670.87

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1.85

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

PATHOLOGY

XO AND OTHERS

@LABORATORY FACILITY

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

104

0

0

0

0

280

9

271

107

10

97

465

462

3

2,464

12,684

12,535

149

711

16

695

11

1,912

1,901

0

0

0

0

| @ORGANIZED OUTPATIENT CLINIC  | 179                    | 566                | \$ 36,323.                  | 97 \$        | 64.18            | .050 \$       | 202.93            | \$   | 3.23      |
|---|------------------------|--------------------|-----------------------------|--------------|------------------|---------------|-------------------|------|-----------|
| CLINIC  | 110                    | 395                | 00 041                      | 0 0          | F 0 0 0          | .035          | 212.20            |      | 2.07      |
| SURGICENTER   | 26                     | 116                | 4.799                       | 12           | 41 37            | 010           | 184 58            |      | .43       |
| SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV  | 20                     | 0                  | 1, 133.                     | 00           | 00               | 000           | 00                |      | .00       |
| DIDAT HEATEN CLINIC   | 4.4                    | 5 6                | 0 102                       | 0.0          | 140 70           | .000          | 105 00            |      | .73       |
| KUKAL MEALIM CLINIC   | 44<br>MEDI 031 GEDIII0 |                    | 0,103.                      | UZ<br>T DEDA | 140./0           | .003          | 103.90            | D.7  |           |
| #CALLE DEPT OF HEALTH SERV  | MEDI-CAL SERVIC        | ES AND EXPENDITURE | S MONTH-OF-PAYMEN           | I KEPO       | ORT FOR JAN      | 2004 THRU DE  | C 2004            | PA   | GE 10,568 |
| MOP024  | FEE-FOR-SERVICE        |                    |                             |              |                  |               |                   |      | 03/14/05  |
| SACRAMENTO COUNTY   | SUMMARY OF SERV        | ICES FOR CASH GRA  | NT - BLIND                  |              | AID CODE         |               |                   |      |           |
|   |                        |                    |                             |              |                  | MON           | ITHLY AVERA       | GE - |           |
| 11,253 ELIGIBLES  | USERS                  |                    | EXPENDITUR                  |              |                  | UNITS/DAYS    | COST PER          | С    | OST PER   |
|   |                        | OR DAYS OF CARE    | \$ 1,015,453.               | P            | PER UNIT/DAY     | PER ELIG      | USER              | E    | LIGIBLE   |
| @ALL OTHER PROVIDERS  | 2,295                  | 517,368            | \$ 1,015,453.               | 59 \$        | 1.96             | 45.976 \$     | 442.46            | Ś    | 90.24     |
| DURABLE MED. FOUTP.   | 212                    | 617                | 102.384                     | 11           | 165.94           | .055          | 482.94            | ·    | 9.10      |
| BIOOD BANK  | 0                      | 0 = 7              | 102,001.                    | 00           | .00              | .000          | .00               |      | .00       |
| HENDING AID DIGDENGEDG  | 11                     | 16                 | 2,219.                      | 9 N          | 138.74           | 001           | 201.80            |      | .20       |
| MEDICAL MDANCDODMAMION  | 103                    | EC 242             | 2,219.                      | 0.4          | 130.74           | .001<br>4.998 | 421 72            |      | 10 01     |
| MEDICAL TRANSPORTATION  | 493                    | 30,243             | 212,839.<br>24,461.         | 94           | 3.78             | 4.998         | 431.72<br>130.81  |      | 18.91     |
| AMBULANCES/AIR TRANS  | 18/                    | 1,211              | 24,461.                     | /5           | 20.20            | .108          | 130.81            |      | 2.1/      |
| OTHER TRANS   | 311                    | 54,786             | 187,770.                    | 86           | 3.43             | 4.869<br>.022 | 603.76<br>19.59   |      | 16.69     |
| OTHER SERVICES  | 31                     | 246                | 607.                        | 33           | 2.47             | .022          | 19.59             |      | .05       |
| ACUPUNCTURE   | 67                     | 158                | 2,757.                      | 33           | 17.45            | .014          | 41.15             |      | .25       |
| ADULT DAY HEALTH CARE CTR   | 126                    | 1,957              | 133,063.                    | 93           | 67.99            | .174          | 1056.06           |      | 11.82     |
| GENETIC DISEASE TESTING   | 3                      | . 3                | 315.                        | 0.0          | 105.00           | .000          | 105.00            |      | .03       |
| THMC MODEL - NE NE AIDS MSSP  | 137                    | 5 977              | 165 504                     | 15           |                  |               |                   |      |           |
| OCCUPATIONAL THERAPIST  | 137                    | 103                | 563                         | 07           | 27.69<br>5.48    | .009          | 1208.06<br>94.00  |      | .05       |
| ODDICIAN  | 166                    | 202                | 0 603                       | )  <br>      | 24.42            | .035          | 57.85             |      | .85       |
| OPIICIAN  | 100                    | 393                | 9,602.                      | 7 7          | 24.43<br>13.68   | .033          |                   |      |           |
| PHYSICAL THERAPIST  | 8                      | 48                 | 656.                        | 83           | 13.68            | .004          | 82.10             |      | .06       |
| PORTABLE X-RAY  | 5                      | 13                 | 364.                        | 23           | 28.02            |               | 72.85             |      | .03       |
| PROSTHETIST/ORTHOTISTS  | 31                     | 143                | 16,737.                     | 60           | 117.05<br>117.05 | .013          | 539.92            |      | 1.49      |
| PROSTHETICS   | 31                     | 143                | 16,737.                     | 60           | 117.05           | .013          | 539.92            |      | 1.49      |
| ORTHOTICS   | 0                      | 0                  |                             | 00           | .00<br>18.25     | .000          | .00               |      | .00       |
| PSYCHOLOGIST  | 2                      | 6                  | 109.                        | 50           | 18.25            | • 0 0 1       | 54.75             |      | .01       |
| SPEECH AND AUDIOLOGY  | 83                     | 338                | 19,276.                     | 89           | 57.03            | .030          | 232.25            |      | 1.71      |
| HOSPICE SERVICES  | 11                     | 330                | 45.278                      | 0.5          | 137.21           | .029          | 4116.19           |      | 4.02      |
| QALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP  OCCUPATIONAL THERAPIST  OPTICIAN  PHYSICAL THERAPIST  PORTABLE X-RAY  PROSTHETICS  ORTHOTICS  PSYCHOLOGIST  SPECH AND AUDIOLOGY  HOSPICE SERVICES  NONINST BIRTHING CENTERS  LOCAL EDUCATION AGENCIES  EPSDT SUPPLEMENTAL SERVICE  RESPIRATORY CARE PRACT.  PED SUBACUTE REHAB/WEANING  ALL OTHER PROVIDERS  @CALIF. CHILDREN SERVICES*  @XOVER EXCLUDING STATE HOSP** |                        | 0                  | ,                           | 0.0          | .00              | .000          | .00               |      | .00       |
| LOCAL EDUCATION ACENCIES  | 502                    | 54 312             | 175 454                     | 8 <i>4</i>   |                  | 4.826         | 349 51            |      | 15.59     |
| EDODE CUDDIFMENTAL CEDITOR  | 10                     | 1 046              | 175,454.<br>30,762.         | 06           | 20.41            | .093          | 349.51<br>3076.29 |      | 2.73      |
| DECDIDATION CARE DRACE  | 10                     | 1,040              | 30,702.                     | 00           |                  | .000          |                   |      |           |
| RESPIRATURY CARE PRACT.   | 0                      | 0                  | •                           | 00           | .00              |               | .00               |      | .00       |
| PED SUBACUTE REHAB/WEANING  | U                      | 0                  |                             | 00           | .00              | .000          | .00               |      | .00       |
| ALL OTHER PROVIDERS   | 802                    | 395,665            | 97,561.                     | 79           |                  |               | 121.65            |      | 8.67      |
| @CALIF. CHILDREN SERVICES*  | 382                    | 28 <b>,</b> 272    | \$ 604,941.                 | 05 \$        | 21.40            | 2.512 \$      | 1583.62           | \$   | 53.76     |
| @XOVER EXCLUDING STATE HOSP**   | 1,603                  | 19 <b>,</b> 181    | \$ 307,343.                 | 63 \$        | 16.02            | 1.705 \$      | 191.73            | \$   | 27.31     |
| <pre>@* TOTALS IN THESE LINES ARE</pre>   | GIVEN AS A SEPAR       | ATE INFORMATION IT | 'EM ONLY;                   |              |                  |               |                   |      |           |
| THE AMOUNTS ARE ALREADY IN  | CLUDED IN THE AP       | PROPRIATE DETAIL L | INES ABOVE.                 |              |                  |               |                   |      |           |
| ** THESE DATA ARE INCLUDED I  |                        |                    |                             |              |                  |               |                   |      |           |
| #CALIF DEPT OF HEALTH SERV  |                        | ES AND EXPENDITURE |                             | r repo       | NAT FOR TAN      | 2004 THRII DE | C 2004            | PΑ   | GE 10,569 |
| MOP024  | FEE-FOR-SERVICE        |                    | .0 110111111 01 11111111111 | 1 1010       | 71(1 101( 0111(  | ZOOT THING DE | .0 2001           |      | 03/14/05  |
|   |                        |                    | NE DICABLED                 |              | AID CODE         | 60            |                   |      | 03/14/03  |
| SACRAMENTO COUNTY   | SUMMARI OF SERV        | ICES FOR CASH GRA  | INI - DISABLED              |              | AID CODE         |               |                   | C.E. |           |
| 410 155   |                        |                    |                             |              |                  | MON           |                   |      |           |
| 413,155 ELIGIBLES   | USERS                  | UNITS OF SERVICE   | EXPENDITUR                  |              |                  | UNITS/DAYS    |                   |      | OST PER   |
|   |                        | OR DAYS OF CARE    |                             |              | PER UNIT/DAY     |               | USER              |      | LIGIBLE   |
| @TOTAL, ALL PROVIDERS   | 346 <b>,</b> 751       | 15,001,618         | \$ 225,878,367.             | 53 \$        | 15.06            | 36.310 \$     | 651.41            | \$   | 546.72    |
| @PHYSICIANS SERVICES  | 126,817                | 429,255            | \$ 15,644,646.              | 67 \$        | 36.45            | 1.039 \$      | 123.36            | \$   | 37.87     |
| OUTPATIENT VISITS   | 79,083                 | 113,980            | 3,937,668.                  | 42           | 34.55            | .276          | 49.79             |      | 9.53      |
| OFFICE VISITS   | 62,288                 | 86,328             | 2,613,686.                  |              | 30.28            | .209          | 41.96             |      | 6.33      |
| HOME VISITS   | 178                    | 235                | 8,722.                      |              | 37.12            | .001          | 49.00             |      | .02       |
| EMERGENCY ROOM  | 12,533                 | 15 <b>,</b> 455    | 989,232.                    |              | 64.01            | .037          | 78.93             |      | 2.39      |
| DUDINGT KOON  | 14,000                 | 10,400             | 309,232.                    | ± 0          | O4.01            | .037          | 10.93             |      | ۷. ا      |
|   |                        |                    |                             |              |                  |               |                   |      |           |

| PREVENTIVE CARE            | 9               | 9                |        | 446.92             | 49.66         | .000         | 49.66       | .00         |
|----------------------------|-----------------|------------------|--------|--------------------|---------------|--------------|-------------|-------------|
| OB VISITS/COMPRE PERI      | 359             | 843              |        | 43,674.30          | 51.81         | .002         | 121.66      | .11         |
| OTHER OUTPATIENT           | 8,850           | 11,110           |        | 281,906.91         | 25.37         | .027         | 31.85       | .68         |
| INPATIENT VISITS           | 6,654           | 36,298           |        | 1,871,317.37       | 51.55         | .088         | 281.23      | 4.53        |
| HOSPITAL VISITS            | 5,494           | 30,838           |        | 1,305,460.35       | 42.33         | .075         | 237.62      | 3.16        |
| CRITICAL CARE              | 672             | 3,401            |        | 500,815.75         | 147.26        | .008         | 745.26      | 1.21        |
| SNF/ICF/TRANS IP CARE      | 1,137           | 2,059            |        | 65,041.27          | 31.59         | .005         | 57.20       | .16         |
|                            |                 |                  |        |                    |               |              |             |             |
| OPHTHALMOLOGICAL SERVICES  | 2,113           | 2,688            |        | 102,117.35         | 37.99         | .007         | 48.33       | .25         |
| EXAMINATIONS               | 1,915           | 2,487            |        | 98,027.84          | 39.42         | .006         | 51.19       | .24         |
| SERVICES AND MATERIALS     | 201             | 201              |        | 4,089.51           | 20.35         | .000         | 20.35       | .01         |
| INPATIENT HOSPITAL SURGERY | 2,794           | 17,310           |        | 1,534,127.35       | 88.63         | .042         | 549.08      | 3.71        |
| PRINCIPAL SURGEON          | 2 <b>,</b> 077  | 3 <b>,</b> 381   |        | 1,152,453.60       | 340.86        | .008         | 554.86      | 2.79        |
| ASSISTANT SURGEON          | 259             | 292              |        | 62 <b>,</b> 872.86 | 215.32        | .001         | 242.75      | .15         |
| ANESTHESIOLOGIST           | 1,115           | 13,637           |        | 318,800.89         | 23.38         | .033         | 285.92      | .77         |
| OUTPATIENT SURGERY         | 6,633           | 15,067           |        | 1,370,977.89       | 90.99         | .036         | 206.69      | 3.32        |
| PRINCIPAL SURGEON          | 5,620           | 7,227            |        | 1,139,483.20       | 157.67        | .017         | 202.76      | 2.76        |
| ASSISTANT SURGEON          | 50              | 50               |        | 8,093.79           | 161.88        | .000         | 161.88      | .02         |
| ANESTHESIOLOGIST           | 1,419           | 7,790            |        | 223,400.90         | 28.68         | .019         | 157.44      | .54         |
| DIALYSIS                   | 866             | 3,452            |        | 279,587.84         | 80.99         | .008         | 322.85      | .68         |
|                            |                 |                  |        |                    |               |              |             |             |
| PATHOLOGY                  | 10,783          | 22,772           |        | 292,258.13         | 12.83         | .055         | 27.10       | .71         |
| RADIOLOGY                  | 24,221          | 50,294           |        | 2,436,352.11       | 48.44         | .122         | 100.59      | 5.90        |
| PSYCHIATRY                 | 54              | 63               |        | 2,806.03           | 44.54         | .000         | 51.96       | .01         |
| IMMUNIZATION AND INJECTION | 4,046           | 27,328           |        | 852,612.48         | 31.20         | .066         | 210.73      | 2.06        |
| OTHER SERVICES/ALL X-OVERS | 46,547          | 140,003          |        | 2,964,821.70       | 21.18         | .339         | 63.70       | 7.18        |
| @PHARMACY                  | 269,204         | 6,427,363        | \$     | 113,217,753.95     | \$ 17.61      | 15.557       | \$ 420.56   | \$ 274.03   |
| PRESCRIPTION DRUGS         | 265,283         | 1,266,948        |        | 105,770,572.52     | 83.48         | 3.067        | 398.71      | 256.01      |
| SNF/ICF                    | 5,940           | 40,589           |        | 3,442,698.03       | 84.82         | .098         | 579.58      | 8.33        |
| OUTPATIENTS                | 261,191         | 1,226,359        |        | 102,327,874.49     | 83.44         | 2.968        | 391.77      | 247.67      |
| MEDICAL SUPPLIES           | 27,623          | 5,160,415        |        | 7,447,181.43       | 1.44          | 12.490       | 269.60      | 18.03       |
| @DENTIST                   | 23,342          | 110,280          | \$     | 3,999,141.10       |               | .267         |             |             |
| -                          |                 |                  | Ą      |                    |               | .172         | 54.52       | 2.03        |
| VISITS - DIAGNOSTIC        | 15,391          | 71,026           |        | 839,177.34         | 11.82         |              |             |             |
| ORAL SURGERY               | 4,365           | 10,946           |        | 561,024.83         | 51.25         | .026         | 128.53      | 1.36        |
| DRUGS                      | 29              | 30               |        | 480.00             | 16.00         | .000         | 16.55       | .00         |
| ANESTHESIA                 | 36              | 39               |        | 3,200.00           | 82.05         | .000         | 88.89       | .01         |
| PERIODONTICS               | 1,586           | 1,743            |        | 189,781.10         | 108.88        | .004         | 119.66      | .46         |
| ENDODONTICS                | 1,366           | 1 <b>,</b> 976   |        | 449,270.10         | 227.36        | .005         | 328.89      | 1.09        |
| RESTORATIVE DENTISTRY      | 6,116           | 14,457           |        | 960,952.65         | 66.47         | .035         | 157.12      | 2.33        |
| PROSTHETICS                | 305             | 322              |        | 10,170.50          | 31.59         | .001         | 33.35       | .02         |
| DENTURES, STAYPLATES       | 2,889           | 8,900            |        | 972,392.40         | 109.26        | .022         | 336.58      | 2.35        |
| SPACE MAINTAINERS          | . 9             | 10               |        | 1,000.00           | 100.00        | .000         | 111.11      | .00         |
| MAXILLOFACIAL SERVICES     | 10              | 11               |        | 912.18             | 82.93         | .000         | 91.22       | .00         |
| FRACTURES, DISLOCATIONS    | 1               | 1                |        | 140.00             | 140.00        | .000         | 140.00      | .00         |
| ORTHODONTIC SERVICES       | 128             | 146              |        | 9,615.00           | 65.86         | .000         | 75.12       | .02         |
|                            | 529             | 673              |        |                    | 1.52          | .002         | 1.94        | .00         |
| ALL OTHER SERVICES         |                 |                  | DEC 14 | 1,025.00           |               |              |             |             |
| #CALIF DEPT OF HEALTH SERV |                 |                  | KES M  | ONTH-OF-PAYMENT R  | EPORT FOR JAN | 2004 THRU D  | EC 2004     | PAGE 10,570 |
| MOP024                     | FEE-FOR-SERVICE |                  |        |                    |               |              |             | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERV | ICES FOR CASH G  | RANT   | - DISABLED         | AID COD       |              |             |             |
|                            |                 |                  |        |                    |               |              | NTHLY AVERA |             |
| 413,155 ELIGIBLES          | USERS           | UNITS OF SERVICE | ₹.     | EXPENDITURES       | AVERAGE COS   | T UNITS/DAYS | COST PER    | COST PER    |
|                            |                 | OR DAYS OF CAR   | ₹.     |                    | PER UNIT/DA   | Y PER ELIG   | USER        | ELIGIBLE    |
| @OPTOMETRIST               | 9,034           | 28,211           | \$     | 593,340.27         | \$ 21.03      | .068         | \$ 65.68    | \$ 1.44     |
| DIAGNOSTIC AND ANC. PROCED | 4,889           | 5,328            |        | 211,079.13         | 39.62         | .013         | 43.17       | .51         |
| EYE APPLIANCES             | 7,410           | 22,313           |        | 366,627.10         | 16.43         | .054         | 49.48       | .89         |
| OTHER OPTOMETRIC SERVICES  | 452             | 570              |        | 15,634.04          | 27.43         | .001         | 34.59       | .04         |
| @CHIROPRACTOR              | 771             | 1,494            | \$     | 24,688.93          |               | .004         |             |             |
| VISITS                     | 754             | 1,494            | Y      | 24,257.12          | 16.60         | .004         | 32.17       | .06         |
| A TO T TO                  | 134             | 1,401            |        | 24,237.12          | 10.00         | .004         | 24.11       | .00         |

| OTHER SERVICES               | 17             | 33               | 431.81              | 13.09        | .000 | 25.40         | .00          |
|------------------------------|----------------|------------------|---------------------|--------------|------|---------------|--------------|
| @PODIATRIST                  | 5 <b>,</b> 039 | 7 <b>,</b> 951   | \$<br>146,343.29    | \$<br>18.41  | .019 | \$<br>29.04   | \$<br>.35    |
| MEDICINE/INJECTIONS          | 2,161          | 2,403            | 69,709.06           | 29.01        | .006 | 32.26         | .17          |
| SURGERY/ANES.                | 166            | 261              | 10,598.01           | 40.61        | .001 | 63.84         | .03          |
| RADIO./PATHOLOGY             | 145            | 193              | 3,365.73            | 17.44        | .000 | 23.21         | .01          |
| OTHER                        | 2,866          | 5 <b>,</b> 094   | 62,670.49           | 12.30        | .012 | 21.87         | .15          |
| @HOME HEALTH AGENCY          | 2,300          | 125,123          | \$<br>4,467,435.22  | \$<br>35.70  | .303 | \$<br>1942.36 | \$<br>10.81  |
| NURSE ANESTHESIST            | 117            | 1,050            | \$<br>3,968.33      | \$<br>3.78   | .003 | \$<br>33.92   | \$<br>.01    |
| NURSE MIDWIFE                | 5              | 30               | \$<br>1,260.08      | \$<br>42.00  | .000 | \$<br>252.02  | \$<br>.00    |
| PEDIATRIC NURSE PRACTITIONER | 16             | 17               | \$<br>499.79        | \$<br>29.40  | .000 | \$<br>31.24   | \$<br>.00    |
| FAMILY NURSE PRACTITIONER    | 910            | 2,426            | \$<br>54,830.28     | \$<br>22.60  | .006 | \$<br>60.25   | \$<br>.13    |
| @TOTAL HOSPITAL              | 47,945         | 349,422          | \$<br>47,099,617.98 | \$<br>134.79 | .846 | \$<br>982.37  | \$<br>114.00 |
| HOSP INPATIENT TOTAL         | 5 <b>,</b> 830 | 31,465           | 39,406,178.84       | 1252.38      | .076 | 6759.21       | 95.38        |
| HSC HOSPITALS                | 4,614          | 27 <b>,</b> 954  | 35,268,340.80       | 1261.66      | .068 | 7643.77       | 85.36        |
| NON-HSC HOSPITAL TOTAL       | 452            | 3,511            | 3,237,886.11        | 922.21       | .008 | 7163.46       | 7.84         |
| ACCOMMODATIONS               | 450            | 3,511            | 1,521,721.69        | 433.42       | .008 | 3381.60       | 3.68         |
| ADMINISTRATIVE DAYS          | 15             | 97               | 20,290.77           | 209.18       | .000 | 1352.72       | .05          |
| TRANSITIONAL IP CARE         | 0              | 0                | .00                 | .00          | .000 | .00           | .00          |
| ALL OTHER ACCOM              | 435            | 3,414            | 1,501,430.92        | 439.79       | .008 | 3451.57       | 3.63         |
| ANCILLARIES                  | 445            | 0                | 1,716,164.42        | .00          | .000 | 3856.55       | 4.15         |
| INPATIENT CROSSOVERS         | 941            | 0                | 899,951.93          | .00          | .000 | 956.38        | 2.18         |
| ALL OTHER INPATIENT          | 0              | 0                | .00                 | .00          | .000 | .00           | .00          |
| HOSP OUTPATIENT TOTAL        | 44,158         | 317 <b>,</b> 957 | 7,693,439.14        | 24.20        | .770 | 174.23        | 18.62        |
| MEDICAL                      | 10,051         | 16,442           | 693,004.95          | 42.15        | .040 | 68.95         | 1.68         |
| SURGERY                      | 2,730          | 3,121            | 146,776.88          | 47.03        | .008 | 53.76         | .36          |
| PATHOLOGY                    | 16,224         | 115,922          | 938,880.24          | 8.10         | .281 | 57.87         | 2.27         |
| RADIOLOGY                    | 10,198         | 17,248           | 1,572,429.96        | 91.17        | .042 | 154.19        | 3.81         |
| ROOM USE                     | 24,110         | 35,813           | 1,359,799.73        | 37.97        | .087 | 56.40         | 3.29         |
| CROSSOVERS/ALL OTH OUTPINT   | 21,069         | 129,411          | 2,982,547.38        | 23.05        | .313 | 141.56        | 7.22         |
| @COUNTY HOSPITAL TOTAL       | 291            | 1,325            | \$<br>234,141.70    | \$<br>176.71 | .003 | \$<br>804.61  | \$<br>.57    |
| CO HOSPITAL INPATIENT TOTAL  | 33             | 166              | 198,971.35          | 1198.62      | .000 | 6029.43       | .48          |
| HSC HOSPITALS                | 28             | 138              | 159,832.02          | 1158.20      | .000 | 5708.29       | .39          |

| NON-HSC HOSPITALS TOTAL                | 5                                    | 28   |       | 39,139.33   | 1397.83   | .000         | 7827.87                           |     | .09        |
|--|--------------------------------------|--|-------|---|---|--------------|-----------------------------------|-----|------------|
| ACCOMMODATIONS                         | 4                                    | 28<br>28<br>0<br>0<br>28<br>0<br>0<br>0<br>1,159<br>139<br>34<br>463<br>65 |       | 15,180.30   | 542.15  | .000         | 3795.08                           |     | .04        |
| ADMINISTRATIVE DAYS                    | 0                                    | 0  |       | .00   | .00   | .000         | .00                               |     | .00        |
| TRANSITIONAL IP CARE                   | 0                                    | 0  |       | .00   | .00   | .000         | .00                               |     | .00        |
| ALL OTHER ACCOM                        | 4                                    | 2.8  |       | 15 100 20   | 542.15  | .000         | 3795.08                           |     | .04        |
| ANCILLARIES                            | 5                                    | 0  |       | 23,959.03   | .00   | .000         | 4791.81                           |     | .06        |
| INPATIENT CROSSOVERS                   | 0                                    | 0  |       | .00   | .00   | .000         | .00                               |     | .00        |
| ALL OTHER INPATIENT                    | 4<br>5<br>0<br>0<br>266<br>103<br>23 | 0  |       | 23,959.03<br>.00<br>.00<br>35,170.35  | .00   |              |                                   |     | .00        |
| CO HOSP OUTPATIENT TOTAL               | 266                                  | 1,159  |       | 35,170.35   | 30.35   | .003         | .00<br>132.22                     |     | .09        |
| MEDICAL                                | 103                                  | 139  |       | 4,831.51  | 34.76   | .000         | 46.91                             |     | .01        |
| SURGERY                                | 23                                   | 34   |       | 1,154.68  | 33.96   | .000         | 50.20                             |     | .00        |
| PATHOLOGY                              | 103                                  | 463  |       | 7,385.43  | 34.76<br>33.96<br>15.95<br>109.65                                 | .001         | 46.91<br>50.20<br>71.70<br>169.70 |     | .02        |
| RADIOLOGY                              | 42                                   | 65   |       | 7,127.54  | 109.65  | .000         | 169.70                            |     | .02        |
| ROOM USE                               | 156                                  | 205  |       | 9,035.77  | 44.08   | .000         | 57.92                             |     | .02        |
| CROSSOVERS/ALL OTH OUTPTNT             | 119                                  | 253  |       | 5,635.42  | 22.27   | .001         | 47.36                             |     | .01        |
| #CALIF DEPT OF HEALTH SERV             |                                      | CES AND EXPENDITU  | RES M |   | EPORT FOR JAN 2   | 2004 THRU DE | C 2004                            | P.  | AGE 10,571 |
| MOP024                                 | FEE-FOR-SERVIC                       |  |       |   |   |              |                                   |     | 03/14/05   |
| SACRAMENTO COUNTY                      | SUMMARY OF SER                       | VICES FOR CASH G   | RANT  | - DISABLED  | AID CODE  | 60           |                                   |     |            |
|  |                                      |  |       |   |   | MON          | THLY AVERA                        | GE. |            |
| 413,155 ELIGIBLES                      | USERS                                | UNITS OF SERVICE   | E     | EXPENDITURES  | AVERAGE COST  | UNITS/DAYS   | COST PER                          |     | COST PER   |
|  |                                      | OR DAYS OF CAR   | E     |   | PER UNIT/DAY  | PER ELIG     | USER                              |     | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL              | 47,711                               | 348,097  | \$    | 46,865,476.28   | \$ 134.63   | .843 \$      | 982.28                            | \$  | 113.43     |
| COMM HOSP INPATIENT TOTAL              | 5,801                                | 31,299   |       | 39,207,207.49   | 1252.67   | .076         | 6758.70                           |     | 94.90      |
| HSC HOSPITALS                          | 4,589                                | 27 <b>,</b> 816  |       | 35,108,508.78   | 1262.17   | .067         | 7650.58                           |     | 84.98      |
| NON-HSC HOSPITALS TOTAL                | 447<br>446                           | 3,483  |       | 3,198,746.78  | 918.39  | .008         | 7156.03                           |     | 7.74       |
| ACCOMMODATIONS                         | 446                                  | 3,483  |       | 1,506,541.39  | 432.54  | .008         | 3377.90                           |     | 3.65       |
| ADMINISTRATIVE DAYS                    | 446<br>15<br>0<br>431<br>440         | 97<br>0<br>3,386<br>0  |       | 20,290.77   | 1252.67<br>1262.17<br>918.39<br>432.54<br>209.18<br>.00<br>438.94 | .000         | 1352.72                           |     | .05        |
| TRANSITIONAL IP CARE                   | 0                                    | 0  |       | .00   | .00   | .000         | .00                               |     | .00        |
| ALL OTHER ACCOM                        | 431                                  | 3 <b>,</b> 386   |       | 1,486,250.62  | 438.94  | .008         | 3448.38                           |     | 3.60       |
| ANCILLARIES                            | 440                                  | 0  |       | 1,692,205.39  | .00   | .000         | 3845.92                           |     | 4.10       |
| INPATIENT CROSSOVERS                   | 941                                  | 0  |       | 899 <b>,</b> 951.93   | .00   | .000         | 956.38                            |     | 2.18       |
| ALL OTHER INPATIENT                    | 0                                    | 0  |       | .00   | .00   | .000         | .00                               |     | .00        |
| COMM HOSP OUTPATIENT TOTAL             |                                      | 316,798  |       | 7,658,268.79  | 24.17   | .767         | 174.29                            |     | 18.54      |
| MEDICAL                                | 9,954                                | 16,303   |       | 688,173.44  | 42.21   | .039         | 69.14                             |     | 1.67       |
| SURGERY                                | 2,707                                | 3,087  |       | 145,622.20  | 47.17   | .007         | 174.29<br>69.14<br>53.79<br>57.73 |     | .35        |
| PATHOLOGY                              | 16,135                               | 115,459  |       | 931 <b>,</b> 494.81   | 8.07  | .279         |                                   |     | 2.25       |
| RADIOLOGY                              | 10,158                               | 17,183   |       | 1,565,302.42  | 91.10   | .042         | 154.10                            |     | 3.79       |
| ROOM USE                               | 23 <b>,</b> 978                      | 35 <b>,</b> 608  |       | 1,350,763.96  | 37.93   | .086         | 56.33                             |     | 3.27       |
| CROSSOVERS/ALL OTH OUTPINT             | 20,968                               | 129,158  |       | 2,976,911.96  | 23.05   | .313         | 141.97                            |     | 7.21       |
| @STATE HOSPITAL                        | 17                                   | 518  | \$    | 315,595.70  | \$ 609.26   | .001 \$      | 18564.45                          | \$  | .76        |
| MENTALLY ILL<br>DEVELOP. DISABLED      | 1                                    | 31   |       | 14,349.35   | 462.88  | .000         | 14349.35                          |     | .03        |
| DEVELOP. DISABLED                      | 16<br>2,779<br>53                    | 487  |       | 301,246.35  | 618.58  | .001         | 18827.90                          |     | .73        |
| @NURSING FACILITY                      | 2 <b>,</b> 779                       | 76 <b>,</b> 305  | \$    | 12,040,114.11   | \$ 157.79   | .185 \$      | 4332.53                           | \$  | 29.14      |
| LEV A-INTERMEDIATE                     | 53                                   | 1,587  |       | 138,624.18  | 87.35   | .004         | 2615.55                           |     | .34        |
| LEV B-REHAB MD                         |                                      | 2,373  |       | 297,825.36  | 125.51  | .006         | 3676.86                           |     | .72        |
| LEV B-SUBACUTE FREESTANDING            |                                      | 395  |       | 255,828.69  | 647.67  | .001         | 19679.13                          |     | .62        |
| LEV B-SUBACUTE HSPTL BASED             | 97                                   | 2,882  |       | 1,636,675.10  | 567.90  | .007         | 16872.94                          |     | 3.96       |
| LEV B-TRANSITIONAL IP CARE             | 0<br>2,538<br>672<br>380             | 0  |       | 1,486,250.62 1,692,205.39 899,951.93 .00 7,658,268.79 688,173.44 145,622.20 931,494.81 1,565,302.42 1,350,763.96 2,976,911.96 315,595.70 14,349.35 301,246.35 12,040,114.11 138,624.18 297,825.36 255,828.69 1,636,675.10 | .00<br>140.60<br>\$ 161.62  | .000         | .00                               |     | .00        |
| LEV B-REGULAR                          | 2,538                                | 69,068   |       | 9,/11,160.78  | 140.60  | .167         | 3826.30                           |     | 23.50      |
| @INTERMEDIATE CARE FACILDD             | 672                                  | 20,039   | \$    |   | \$ 161.62   | .049 \$      | 4819.47                           | \$  | 7.84       |
| ICF DDH                                | 380                                  | 11,589   |       | 1,967,883.54  | 169.81  | .028         | 5178.64                           |     | 4.76       |
| ICF DDN/DDCN                           | 672<br>380<br>263                    | 7,654  |       | 1,102,383.30  | 144.03  | .019         | 4191.57                           |     | 2.67       |
| 1 ( , P.   1 ) 1 ) (   1 ) 1 ) ( , N ) | · , u                                | 146  |       | 168 /11/15/1  | 711 58  | 00.7         | 5811 / /11)                       |     | /1 1       |

5,185,529.20 356,933.44

4,828,595.76

168,414.54

29

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3,464

796

127,599

125,728

1,871

.002

.309

.005

.304

5807.40

1455.38 3499.35 1393.94

211.58

40.64

38.41

190.77

.41

.86

12.55

11.69

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

| @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER   | 1,703           | 13,167 \$                         | 265,439.24                                | \$ 20.16                  | .032 \$       | 155.87            | \$ .64      |
|---|-----------------|-----------------------------------|---|---------------------------|---------------|-------------------|-------------|
| HOSPITAL BASED  | 670             | 2,332                             | 68,570.51                                 | 29.40                     | .006          | 102.34            |             |
| INDEPENDENT FACILITY  | 1,040           | 10,835                            | 196,868.73<br>1,271,067.52                | 18.17                     | .026          | 189.30            | .48         |
| @LABORATORY FACILITY  | 25,332          | 115,401 \$                        | 1,271,067.52                              | \$ 11.01                  | .279 \$       | 50.18             | \$ 3.08     |
| PATHOLOGY   | 25 <b>,</b> 072 | 114,496                           | 1,264,112.46                              | 11.04<br>7.69             | .277          |                   | 3.06        |
| XO AND OTHERS   | 267             | 905                               | 6,955.06                                  | 7.69                      | .002          | 26.05             | .02         |
| @ORGANIZED OUTPATIENT CLINIC  | 9,100           | 24,631 \$                         | 1,057,287.72                              | \$ 42.93                  | .060 \$       | 116.19            |             |
| CLINIC  | 5,614           | 15,065<br>4,933                   | 325,266.78                                | 21.59                     | .036          | 57.94<br>187.39   | .79         |
| SURGICENTER   | 1,000           | 4,933                             | 187,392.81                                | 37.99                     | .012          | 187.39            | .45         |
| HEROIN DETOX CLINIC   | 39              | 479                               | 4,929.78                                  | 10.29                     | .001          | 126.40            | .01         |
| RURAL HEALTH CLINIC   | 2,483           | 4,154                             | 539,698.35                                | 129.92                    | .010          | 217.36            |             |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC | CES AND EXPENDITURES M            | ONTH-OF-PAYMENT R                         | EPORT FOR JAN 2           | 2004 THRU DEC | 2004              |             |
| MOP024  | FEE-FOR-SERVICE |                                   |   |                           |               |                   | 03/14/05    |
| SACRAMENTO COUNTY   | SUMMARY OF SERV | VICES FOR CASH GRANT              | - DISABLED                                | AID CODE                  | 60            |                   |             |
|   |                 |                                   |   |                           | MONT          |                   |             |
| 413,155 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION  | USERS           |                                   | EXPENDITURES                              | AVERAGE COST              |               |                   | COST PER    |
|   |                 | OR DAYS OF CARE                   |   | PER UNIT/DAY              |               | USER              | ELIGIBLE    |
| @ALL OTHER PROVIDERS  | 63 <b>,</b> 301 | 7,141,336 \$                      | 17,251,126.77                             | \$ 2.42                   | 17.285 \$     |                   | \$ 41.75    |
| DURABLE MED. EQUIP.   | 4,991           | 20,315                            | 2,898,011.22                              | 142.65                    |               | 580.65            | 7.01        |
| BLOOD BANK  | 0               | 20,315<br>0<br>122                | .00                                       | .00                       | .000          | .00               | .00         |
| HEARING AID DISPENSERS  | 102             | 122                               | 28,283.33                                 | 231.83                    | .000          | 277.29            | .07         |
| MEDICAL TRANSPORTATION  | 11,053          | 583,501                           | 2,722,884.38                              | 4.67<br>18.41<br>3.19     | 1.412         | 246.35            | 6.59        |
| AMBULANCES/AIR TRANS  | 7,251           | 54,908<br>523,430                 | 1,011,126.05                              | 18.41                     | .133          | 139.45            | 2.45        |
| OTHER TRANS   | 3 <b>,</b> 416  | 523 <b>,</b> 430                  | 1,669,569.89                              | 3.19                      | 1.267         | 488.75            | 4.04        |
| OTHER SERVICES  | 889             | 5,163<br>4,990                    | 42,188.44                                 | 8.17                      | .012          | 47.46<br>39.77    | .10         |
| AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE   | 2,203           | 4,990                             | 87,607.18                                 | 17.56                     | .012          | 39.77             | .21         |
| ADULT DAY HEALTH CARE CTR   | 2,082           | 30,582<br>96<br>63,890            | 2,114,714.49<br>10,032.00<br>2,265,296.49 | 69.15<br>104.50           | .074          | 1015.71           | 5.12        |
| GENETIC DISEASE TESTING   | 96              | 96                                | 10,032.00                                 | 104.50                    | .000          | 104.50            | .02         |
| IHMC, MODEL-NF, NF, AIDS, MSSP  | 1,871           | 63 <b>,</b> 890                   | 2,265,296.49                              | 35.46                     | .155          | 1210.74           | 5.48        |
| OCCUPATIONAL THERAPIST  | 99              | 3,914<br>23,648                   | 12 <b>,</b> 954.37                        | 3.31<br>11.08             | .009          | 130.85<br>25.79   | .03         |
| OPTICIAN  | 10,163          | 23,648                            | 262,053.91                                | 11.08                     | .057          | 25.79             | .63         |
| PHYSICAL THERAPIST  | 423             | 3,775<br>404                      | 51 <b>,</b> 888.15                        | 13.75<br>19.70            | .009          | 122.67<br>43.26   | .13         |
| PORTABLE X-RAY  | 184             |                                   |   |                           | .001          | 43.26             | .02         |
| PROSTHETIST/ORTHOTISTS  | 593             | 2,162                             | 233,688.53<br>233,354.95<br>333.58        | 108.09                    | .005          | 394.08            | .57         |
| PROSTHETICS   | 590             | 2 <b>,</b> 158                    | 233,354.95                                | 108.13<br>83.40           | .005          | 395.52<br>83.40   | .56         |
| ORTHOTICS   | 4               |                                   | 333.58                                    | 83.40                     | .000          | 83.40             | .00         |
| PSYCHOLOGIST  | 84              | 172                               | 5,542.90<br>765,544.53                    | 32.23<br>42.88            | .000          | 65.99<br>176.80   | .01         |
| SPEECH AND AUDIOLOGY  | 4,330           | 172<br>17,853                     | 765,544.53                                | 42.88                     | .043          |                   |             |
| HOSPICE SERVICES  | 224             | 6,139                             | 821,650.20                                | 133.41<br>1106.68<br>7.55 | .015          | 3668.08           | 1.99        |
| NONINST BIRTHING CENTERS  | 1               | 1                                 | 1,106.68<br>2,902,204.87                  | 1106.68                   | .000          | 1106.68<br>203.06 | .00         |
| ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE | 14,292          | 384,278                           | 2,902,204.87                              | 7.55                      | .930          |                   |             |
| EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.  | 95              | 7,086<br>0<br>0<br>0<br>5,988,388 | 207,509.62                                | 29.28                     | .017          | 2184.31           | .50         |
| RESPIRATORY CARE PRACT.   | 0               | 0                                 | .00                                       | .00                       | .000          | .00               | .00         |
| PED SUBACUTE REHAB/WEANING  | 0               | 0                                 | .00                                       | .00                       | .000          | .00               | .00         |
| ALL OTHER PROVIDERS   | 15,969          | 5,988,388                         | 1,852,194.64                              | .31                       |               |                   | 4.48        |
| @CALIF. CHILDREN SERVICES*  | 8,313           | 334,240 \$                        | 15,639,073.06                             | \$ 46.79                  |               | 1881.28           |             |
| @XOVER EXCLUDING STATE HOSP**   |                 |                                   |   | \$ 15.92                  | .949 \$       | 144.57            | \$ 15.12    |
| @* TOTALS IN THESE LINES ARE  |                 |                                   | •   |                           |               |                   |             |
| THE AMOUNTS ARE ALREADY IN  |                 |                                   |   |                           |               |                   |             |
| ** THESE DATA ARE INCLUDED I  |                 |                                   |   |                           |               |                   | 10 550      |
| #CALIF DEPT OF HEALTH SERV  |                 | CES AND EXPENDITURES M            | ONTH-OF-PAYMENT R                         | EPORT FOR JAN 2           | 2004 THRU DEC | 2004              | PAGE 10,573 |
| MOP024  | FEE-FOR-SERVICE |                                   | F 40 40 03 034 05                         | 2D 211 217 42 42          |               |                   | 03/14/05    |
| SACRAMENTO COUNTY   | SUMMARY OF SERV | ICES FOR CGF 30-33 3              | 5 4U 4Z 3A-3M 3P .                        | 3K 3U 3W 4C-4G            | 14037         | 1111 X 7177777    | 'D          |
| 121 007 ELICIBLES   | HOEDO           | IINITEC OF CEDUTCE                | EADEMDIMIDEO                              | ATTEDACE COCE             | MONT          |                   |             |
| 131,087 ELIGIBLES   | USERS           | UNITS OF SERVICE                  | FYLFINDIIOKF2                             | AVERAGE COST              |               |                   | COST PER    |

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

| @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM | 100,931<br>23,465<br>17,643<br>11,558<br>179<br>3,743 | 23,089<br>14,041<br>197<br>4,138 |       | 26,403,319.17<br>3,612,824.47<br>933,277.56<br>513,004.35<br>6,255.99<br>222,485.51 |        | 40.42<br>36.54<br>31.76<br>53.77 | 4.929<br>.478<br>.176<br>.107<br>.002 | \$   | 261.60<br>153.97<br>52.90<br>44.39<br>34.95<br>59.44 |          | 201.42<br>27.56<br>7.12<br>3.91<br>.05 |
|---|---|----------------------------------|-------|---|--------|----------------------------------|---------------------------------------|------|--|----------|--|
| PREVENTIVE CARE OB VISITS/COMPRE PERI   | 67<br>970   | 67<br>2 <b>,</b> 406             |       | 3,097.70<br>125,495.04  |        | 46.23<br>52.16                   | .001                                  |      | 46.23<br>129.38                                      |          | .02<br>.96                             |
| OTHER OUTPATIENT  | 1,929   | 2,240                            |       | 62,938.97   |        | 28.10                            | .017                                  |      | 32.63  |          | .48                                    |
| INPATIENT VISITS  | 1,754   | 8,879                            |       | 917,933.47  |        | 103.38                           | .068                                  |      | 523.34   |          | 7.00                                   |
| HOSPITAL VISITS   | 1,437   | 4,722                            |       | 255,513.56  |        | 54.11                            | .036                                  |      | 177.81   |          | 1.95                                   |
| CRITICAL CARE<br>SNF/ICF/TRANS IP CARE  | 509<br>8  | 4,110<br>47                      |       | 660,200.03<br>2,219.88  |        | 160.63<br>47.23                  | .031                                  |      | 1297.05<br>277.49                                    |          | 5.04<br>.02                            |
| OPHTHALMOLOGICAL SERVICES   | 328   | 451                              |       | 19,312.25   |        | 47.23                            | .000                                  |      | 58.88  |          | .15                                    |
| EXAMINATIONS  | 289   | 411                              |       | 18,492.32   |        | 44.99                            | .003                                  |      | 63.99  |          | .14                                    |
| SERVICES AND MATERIALS  | 40  | 40                               |       | 819.93  |        | 20.50                            | .000                                  |      | 20.50  |          | .01                                    |
| INPATIENT HOSPITAL SURGERY  | 1,143   | 6,453                            |       | 728,303.33  |        | 112.86                           | .049                                  |      | 637.19   |          | 5.56                                   |
| PRINCIPAL SURGEON   | 745   | 1,012                            |       | 550,195.64  |        | 543.67                           | .008                                  |      | 738.52   |          | 4.20                                   |
| ASSISTANT SURGEON   | 124   | 128                              |       | 28,755.70   |        | 224.65                           | .001                                  |      | 231.90   |          | .22                                    |
| ANESTHESIOLOGIST  | 532   | 5,313                            |       | 149,351.99  |        | 28.11                            | .041                                  |      | 280.74   |          | 1.14                                   |
| OUTPATIENT SURGERY  | 1,290   | 3,153                            |       | 268,382.83  |        | 85.12                            | .024                                  |      | 208.05   |          | 2.05                                   |
| PRINCIPAL SURGEON   | 1,083   | 1,350                            |       | 213,526.14  |        | 158.17                           | .010                                  |      | 197.16   |          | 1.63                                   |
| ASSISTANT SURGEON   | 5<br>326  | 5<br>1 <b>,</b> 798              |       | 1,138.83  |        | 227.77<br>29.88                  | .000                                  |      | 227.77<br>164.78                                     |          | .01                                    |
| ANESTHESIOLOGIST<br>DIALYSIS  | 11  | 1,798<br>30                      |       | 53,717.86<br>2,642.97   |        | 29.88<br>88.10                   | .000                                  |      | 240.27   |          | .02                                    |
| PATHOLOGY   | 1,787   | 3 <b>,</b> 899                   |       | 64,517.47   |        | 16.55                            | .030                                  |      | 36.10  |          | .49                                    |
| RADIOLOGY   | 4,298   | 8,500                            |       | 345,704.33  |        | 40.67                            | .065                                  |      | 80.43  |          | 2.64                                   |
| PSYCHIATRY  | 10  | 10                               |       | 816.00  |        | 81.60                            | .000                                  |      | 81.60  |          | .01                                    |
| IMMUNIZATION AND INJECTION  | 340   | 920                              |       | 17,014.80   |        | 18.49                            | .007                                  |      | 50.04  |          | .13                                    |
| OTHER SERVICES/ALL X-OVERS  | 2 <b>,</b> 975  | 7,285                            |       | 314,919.46  |        | 43.23                            | .056                                  |      | 105.86   |          | 2.40                                   |
| @PHARMACY   | 25,516  | 115,494 \$                       | \$    | 4,626,061.63  | \$     |                                  |                                       | \$   |  | \$       | 35.29                                  |
| PRESCRIPTION DRUGS  | 25,209  | 54 <b>,</b> 542                  |       | 4,393,326.55  |        | 80.55                            | .416                                  |      | 174.28   |          | 33.51                                  |
| SNF/ICF   | 155   | 498                              |       | 95,420.71   |        | 191.61                           | .004                                  |      | 615.62   |          | .73                                    |
| OUTPATIENTS   | 25,133  | 54,044                           |       | 4,297,905.84  |        | 79.53                            |                                       |      | 171.01   |          | 32.79                                  |
| MEDICAL SUPPLIES  | 1,171   | 60,952                           |       | 232,735.08  | ٨      | 3.82                             | .465                                  |      | 198.75   | <u> </u> | 1.78                                   |
| @DENTIST  | 7,677<br>5,891  | 43,957 \$                        | ?     | 997,262.10  | \$     | 22.69<br>12.90                   |                                       | \$   | 129.90<br>71.72                                      | Ş        | 7.61                                   |
| VISITS - DIAGNOSTIC<br>ORAL SURGERY   | 5,891<br>942  | 32,755<br>1,833                  |       | 422,488.05<br>97,385.55   |        | 53.13                            | .250                                  |      | 103.38   |          | 3.22<br>.74                            |
| DRUGS   | 96  | 115                              |       | 2,250.00  |        | 19.57                            | .014                                  |      | 23.44  |          | .02                                    |
| ANESTHESIA  | 22  | 22                               |       | 1,400.00  |        | 63.64                            | .000                                  |      | 63.64  |          | .01                                    |
| PERIODONTICS  | 81  | 95                               |       | 6,812.00  |        | 71.71                            | .001                                  |      | 84.10  |          | .05                                    |
| ENDODONTICS   | 468   | 778                              |       | 96,509.50   |        | 124.05                           | .006                                  |      | 206.22   |          | .74                                    |
| RESTORATIVE DENTISTRY   | 2,550   | 7,108                            |       | 324,481.80  |        | 45.65                            | .054                                  |      | 127.25   |          | 2.48                                   |
| PROSTHETICS   | 13  | 17                               |       | 560.00  |        | 32.94                            | .000                                  |      | 43.08  |          | .00                                    |
| DENTURES, STAYPLATES  | 42  | 132                              |       | 8,637.25  |        | 65.43                            | .001                                  |      | 205.65   |          | .07                                    |
| SPACE MAINTAINERS   | 72  | 107                              |       | 8,884.00  |        | 83.03                            | .001                                  |      | 123.39   |          | .07                                    |
| MAXILLOFACIAL SERVICES  | 15  | 18                               |       | 980.20  |        | 54.46                            | .000                                  |      | 65.35  |          | .01                                    |
| FRACTURES, DISLOCATIONS   | 1   | 1                                |       | .00   |        | .00                              | .000                                  |      | .00  |          | .00                                    |
| ORTHODONTIC SERVICES  | 386   | 617                              |       | 24,998.75   |        | 40.52                            | .005                                  |      | 64.76  |          | .19                                    |
| ALL OTHER SERVICES  | 252   | 359                              | NO.   | 1,875.00  |        | 5.22                             | .003                                  |      | 7.44   | D7       | .01                                    |
| #CALIF DEPT OF HEALTH SERV MOP024   | FEE-FOR-SERVICE                                       | CES AND EXPENDITURES             | O MI  | NITH-OF-PAIMENT K   | LPUK'. | I FUR JAN                        | ZUU4 THKU                             | DEC  | 2004   | PF       | AGE 10,574<br>03/14/05                 |
| SACRAMENTO COUNTY   |   | IDENTAL<br>ICES FOR CGF 30-33    | 3 35  | 40 42 3A-3M 3P  | 3R 31  | 1 3W 4C-4G                       |                                       |      |  |          | 00/14/00                               |
| 212141111110 0001111  | SOLUTION OF DELICE                                    | 1010 1010 001 00 00              | , ,,, | . 10 12 011 011 01  | J1. J. | 10 10                            |                                       | MONT | HLY AVERA  | GE -     |  |
| 131,087 ELIGIBLES   | USERS   | UNITS OF SERVICE                 |       | EXPENDITURES  | AVI    | ERAGE COST                       |                                       |      |  |          | COST PER                               |
| - ,   |   | OR DAVS OF CARE                  |       |   |        | S LIMITA/DVA<br>S VVALINIE       |                                       |      |  |          | T.TCTBLE                               |

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

| @OPTOMETRIST  | 1,486                       | 4,408                  | \$      | 98,221.50                | \$    | 22.28              | .034 | \$  | 66.10   | \$ | .75        |
|---|-----------------------------|------------------------|---------|--------------------------|-------|--------------------|------|-----|---------|----|------------|
| DIAGNOSTIC AND ANC. PROCED  | 1,173                       | 1,295                  |         | 52,228.63                |       | 40.33              | .010 |     | 44.53   |    | .40        |
| EYE APPLIANCES  |                             | 3,097                  |         | 45,445.70                |       | 14.67              | .024 |     | 42.08   |    | .35        |
| EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER | 1,080<br>15                 | 16                     |         | 547.17                   |       | 34.20              | .000 |     | 36.48   |    | .00        |
| @CHTROPRACTOR   | 1 4                         | 19                     | \$      | 309.32                   | Ś     | 16.28              | .000 | Ś   |         | Ś  | .00        |
| VISITS  | 1.4                         | 19                     | 7       | 309.32                   | 7     | 16.28              | .000 | -   | 22.09   | 7  | .00        |
| OTHER SERVICES  | 0                           | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| APODIATRIST   | 75                          | 108                    | ¢       | 4,467.68                 | Ġ     | 41.37              | .001 | ¢   | 59.57   | Ś  | .03        |
| MEDICINE / IN TECHTONS  | 71                          | 76                     | ۲       | 3,639.30                 | ٧     | 47.89              | .001 | Y   | 51.26   | ٧  | .03        |
| CIDCEDY / AMEC  | 7 ±<br>1 1                  | 18                     |         | 399.39                   |       | 22.19              | .000 |     | 36.31   |    | .00        |
| DADIO /DAMIOLOCY  | 11                          | 12                     |         | 221.44                   |       | 18.45              | .000 |     | 24.60   |    | .00        |
| CHUED   | 9                           | 2                      |         | 207.55                   |       |                    | .000 |     | 103.78  |    | .00        |
| OTHER   | 202                         |                        | Ċ       |                          | Ċ     | 103.78             |      | ċ   |         | Ċ  |            |
| GHOME HEALTH AGENCY   | 293                         | 14,844                 | Ş       | 470,819.60               |       | 31.72              |      |     | 1606.89 |    | 3.59       |
| NURSE ANESTHESIST   | /                           | 64                     | Ş       | 1,213.79                 |       | 18.97              | .000 |     | 173.40  |    | .01        |
| NURSE MIDWIFE   | 9                           | 124                    | Ş       | 3,240.06                 | \$    | 26.13              | .001 |     |         | \$ | .02        |
|   |                             | 1                      | Ş       | 37.50                    |       | 37.50              | .000 |     | 37.50   |    | .00        |
| FAMILY NURSE PRACTITIONER   | 89<br>12,165<br>1,375       | 223<br>51 <b>,</b> 281 | Ş       | 5,256.03                 |       | 23.57              | .002 |     |         | \$ | .04        |
| @TOTAL HOSPITAL   | 12,165                      | 51,281                 | \$      | 12,357,033.38            |       |                    |      | \$  | 1015.79 | \$ | 94.27      |
| HOSP INPATIENT TOTAL  | 1 <b>,</b> 375              | 7,894                  |         |                          |       | 1414.81            | .060 |     | 8122.54 |    | 85.20      |
| HSC HOSPITALS   | 1,268<br>108                | 7 <b>,</b> 378         |         | 10,493,543.69            |       | 1422.27            | .056 |     | 8275.67 |    | 80.05      |
| NON-HSC HOSPITAL TOTAL  | 108                         | 516                    |         | 674,075.50               |       | 1422.27<br>1306.35 | .004 |     | 6241.44 |    | 5.14       |
| ACCOMMODATIONS  | 108                         | 516                    |         | 418,045.00               |       | 810.16             | .004 |     | 3870.79 |    | 3.19       |
| ADMINISTRATIVE DAYS   | 1                           | 1                      |         | 211.52                   |       | 211.52             | .000 |     | 211.52  |    | .00        |
| TRANSITIONAL IP CARE  | 0                           | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| ALL OTHER ACCOM   | 108<br>1<br>0<br>107<br>102 | 515                    |         | 417,833.48               |       | 811.33             | .004 |     | 3904.99 |    | 3.19       |
| ANCILLARIES   | 102                         | 0                      |         | 417,833.48<br>256,030.50 |       | .00                | .000 |     | 2510.10 |    | 1.95       |
| INPATIENT CROSSOVERS  | 1                           | 0                      |         | 876.00                   |       | .00                | .000 |     | 876.00  |    | .01        |
| ALL OTHER INPATIENT   | 1<br>0<br>11,246            | 0                      |         |                          |       | .00                | .000 |     | .00     |    | .00        |
| HOSP OUTPATIENT TOTAL   | 11.246                      | 43,387                 |         | .00<br>1,188,538.19      |       | 27.39              | .331 |     | 105.69  |    | 9.07       |
|   |                             | 2,508                  |         | 124,943.65               |       | 49.82              | .019 |     | 76.32   |    | .95        |
| MEDICAL<br>SURGERY  | 769                         | 900                    |         | 35,172.56                |       | 39.08              | .007 |     | 45.74   |    | .27        |
| PATHOLOGY   | 3 173                       | 16,445                 |         | 151,004.09               |       | 9.18               | .125 |     | 47.59   |    | 1.15       |
| MEDICAL<br>SURGERY<br>PATHOLOGY<br>RADIOLOGY<br>ROOM USE  | 2 071                       | 2,890                  |         | 246,277.15               |       | 85.22              | .022 |     | 118.92  |    | 1.88       |
| ROOM USE  | 7 167                       | 9,022                  |         | 340,322.81               |       | 37.72              | .069 |     | 47.48   |    | 2.60       |
| CROSSOVERS/ALL OTH OUTPTNT  |                             | 11,622                 |         | 290,817.93               |       | 25.02              | .089 |     | 61.30   |    | 2.22       |
| @COUNTY HOSPITAL TOTAL  | 120                         | 547                    | \$      | 51,525.24                | Ċ     |                    | .004 | Ċ   | 402.54  | Ċ  | .39        |
|   | 120                         | 31                     | ۲       | 35,335.08                | ۲     | 1139.84            | .004 | ې   | 2944.59 | ۲  | .27        |
| CO HOSPITAL INPATIENT TOTAL   | 12<br>12                    | 31                     |         |                          |       |                    |      |     | 2944.59 |    | .27        |
| HSC HOSPITALS   |                             | 0                      |         | 35,335.08                |       | 1139.84            | .000 |     |         |    |            |
| NON-HSC HOSPITALS TOTAL   | 0                           | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| ACCOMMODATIONS  | 0                           | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| ADMINISTRATIVE DAYS   |                             | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| TRANSITIONAL IP CARE  | 0                           | U                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| ALL OTHER ACCOM   | 0                           | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| ANCILLARIES   | 0                           | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| INPATIENT CROSSOVERS  | 0                           | U                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| ALL OTHER INPATIENT   | 0                           | 0                      |         | .00                      |       | .00                | .000 |     | .00     |    | .00        |
| CO HOSP OUTPATIENT TOTAL  |                             | 516                    |         | 16,190.16                |       | 31.38              | .004 |     | 133.80  |    | .12        |
| MEDICAL   | 50                          | 60                     |         | 2,121.63                 |       | 35.36              | .000 |     | 42.43   |    | .02        |
| SURGERY   | 24                          | 35                     |         | 1,537.42                 |       | 43.93              | .000 |     | 64.06   |    | .01        |
| PATHOLOGY   | 40                          | 153                    |         | 2,391.52                 |       | 15.63              | .001 |     | 59.79   |    | .02        |
| RADIOLOGY   | 20                          | 34                     |         | 1,813.35                 |       | 53.33              | .000 |     | 90.67   |    | .01        |
| ROOM USE  | 90                          | 132                    |         | 5,955.37                 |       | 45.12              | .001 |     | 66.17   |    | .05        |
| CROSSOVERS/ALL OTH OUTPTNT  | 50                          | 102                    |         | 2,370.87                 |       | 23.24              | .001 |     | 47.42   |    | .02        |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND       |                        | JRES MO | •                        | EPOR  |                    |      | DEC |         | PA | AGE 10,575 |
| MOP024  | FEE-FOR-SERVICE/DENTA       |                        |         |                          |       |                    |      |     |         |    | 03/14/05   |
| CACDAMENTO COLINTY  | CHMMADY OF CEDVICES         |                        | 1 22 21 | = 10 12 27 2M 2D         | 3 D 3 | 11 21 40 40        |      |     |         |    | ,,         |

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SACRAMENTO COUNTY

| 131,087 ELIGIBLES           | USERS  | UNITS OF SERVICE | Œ  | EXPENDITURES  | AVERAGE COST | UNITS/DAY | S COST PER  | COST PER |
|-----------------------------|--------|------------------|----|---------------|--------------|-----------|-------------|----------|
|                             |        | OR DAYS OF CAR   | €  |               | PER UNIT/DAY | PER ELIG  | USER        | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 12,051 | 50,734           | \$ | 12,305,508.14 | \$ 242.55    | .387      | \$ 1021.12  | \$ 93.87 |
| COMM HOSP INPATIENT TOTAL   | 1,363  | 7 <b>,</b> 863   |    | 11,133,160.11 | 1415.89      | .060      | 8168.13     | 84.93    |
| HSC HOSPITALS               | 1,256  | 7 <b>,</b> 347   |    | 10,458,208.61 | 1423.47      | .056      | 8326.60     | 79.78    |
| NON-HSC HOSPITALS TOTAL     | 108    | 516              |    | 674,075.50    | 1306.35      | .004      | 6241.44     | 5.14     |
| ACCOMMODATIONS              | 108    | 516              |    | 418,045.00    | 810.16       | .004      | 3870.79     | 3.19     |
| ADMINISTRATIVE DAYS         | 1      | 1                |    | 211.52        | 211.52       | .000      | 211.52      | .00      |
| TRANSITIONAL IP CARE        | 0      | 0                |    | .00           | .00          | .000      | .00         | .00      |
| ALL OTHER ACCOM             | 107    | 515              |    | 417,833.48    | 811.33       | .004      | 3904.99     | 3.19     |
| ANCILLARIES                 | 102    | 0                |    | 256,030.50    | .00          | .000      | 2510.10     | 1.95     |
| INPATIENT CROSSOVERS        | 1      | 0                |    | 876.00        | .00          | .000      | 876.00      | .01      |
| ALL OTHER INPATIENT         | 0      | 0                |    | .00           | .00          | .000      | .00         | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 11,137 | 42 <b>,</b> 871  |    | 1,172,348.03  | 27.35        | .327      | 105.27      | 8.94     |
| MEDICAL                     | 1,588  | 2,448            |    | 122,822.02    | 50.17        | .019      | 77.34       | .94      |
| SURGERY                     | 745    | 865              |    | 33,635.14     | 38.88        | .007      | 45.15       | .26      |
| PATHOLOGY                   | 3,134  | 16,292           |    | 148,612.57    | 9.12         | .124      | 47.42       | 1.13     |
| RADIOLOGY                   | 2,052  | 2 <b>,</b> 856   |    | 244,463.80    | 85.60        | .022      | 119.13      | 1.86     |
| ROOM USE                    | 7,081  | 8 <b>,</b> 890   |    | 334,367.44    | 37.61        | .068      | 47.22       | 2.55     |
| CROSSOVERS/ALL OTH OUTPINT  | 4,695  | 11,520           |    | 288,447.06    | 25.04        | .088      | 61.44       | 2.20     |
| @STATE HOSPITAL             | 1      | 31               | \$ | 12,985.42     | \$ 418.88    | .000      | \$ 12985.42 | \$ .10   |
| MENTALLY ILL                | 1      | 31               |    | 12,985.42     | 418.88       | .000      | 12985.42    | .10      |
| DEVELOP. DISABLED           | 0      | 0                |    | .00           | .00          | .000      | .00         | .00      |
| @NURSING FACILITY           | 11     | 227              | \$ | 110,386.33    | \$ 486.28    | .002      | \$ 10035.12 | \$ .84   |
| LEV A-INTERMEDIATE          | 0      | 0                |    | .00           | .00          | .000      | .00         | .00      |
| LEV B-REHAB MD              | 0      | 0                |    | .00           | .00          | .000      | .00         | .00      |
| LEV B-SUBACUTE FREESTANDING | 6      | 165              |    | 101,291.85    | 613.89       | .001      | 16881.98    | .77      |
| LEV B-SUBACUTE HSPTL BASED  | 0      | 0                |    | .00           | .00          | .000      | .00         | .00      |
| LEV B-TRANSITIONAL IP CARE  | 0      | 0                |    | .00           | .00          | .000      | .00         | .00      |
| LEV B-REGULAR               | 5      | 62               |    | 9,094.48      | 146.69       | .000      | 1818.90     | .07      |
| @INTERMEDIATE CARE FACILDD  | 2      | 76               | \$ | 10,321.51     | \$ 135.81    | .001      | \$ 5160.76  | \$ .08   |

----- MONTHLY AVERAGE -----

| ICF DDH                      | 0                  | 0               |       | .00                |        | .00      | .000      |     | .00     |    | .00        |
|------------------------------|--------------------|-----------------|-------|--------------------|--------|----------|-----------|-----|---------|----|------------|
| ICF DD                       | 2                  | 76              |       | 10,321.51          |        | 135.81   | .001      |     | 5160.76 |    | .08        |
| ICF DDN/DDCN                 | 0                  | 0               |       | .00                |        | .00      | .000      |     | .00     |    | .00        |
| @HEMODIALYSIS TOTAL          | 13                 | 417             | \$    | 11,580.33          | \$     | 27.77    | .003      | \$  | 890.79  | \$ | .09        |
| HOSPITAL BASED               | 0                  | 0               |       | .00                |        | .00      | .000      |     | .00     |    | .00        |
| HEMODIALYSIS CENTER          | 13                 | 417             |       | 11,580.33          |        | 27.77    | .003      |     | 890.79  |    | .09        |
| @REHABILITATION FACILITY     | 235                | 1,550           | \$    | 35,937.38          | \$     | 23.19    | .012      | \$  | 152.93  | \$ | .27        |
| HOSPITAL BASED               | 144                | 710             |       | 20,752.37          |        | 29.23    | .005      |     | 144.11  |    | .16        |
| INDEPENDENT FACILITY         | 96                 | 840             |       | 15,185.01          |        | 18.08    | .006      |     | 158.18  |    | .12        |
| @LABORATORY FACILITY         | 5,098              | 17 <b>,</b> 167 | \$    | 208,344.29         | \$     | 12.14    | .131      | \$  | 40.87   | \$ | 1.59       |
| PATHOLOGY                    | 5 <b>,</b> 097     | 17 <b>,</b> 165 |       | 208,275.94         |        | 12.13    | .131      |     | 40.86   |    | 1.59       |
| XO AND OTHERS                | 1                  | 2               |       | 68.35              |        | 34.18    | .000      |     | 68.35   |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 5,242              | 13,884          | \$    | 647,011.03         | \$     | 46.60    | .106      | \$  | 123.43  | \$ | 4.94       |
| CLINIC                       | 3 <b>,</b> 159     | 9,813           |       | 201,307.02         |        | 20.51    | .075      |     | 63.72   |    | 1.54       |
| SURGICENTER                  | 112                | 628             |       | 22,641.86          |        | 36.05    | .005      |     | 202.16  |    | .17        |
| HEROIN DETOX CLINIC          | 12                 | 172             |       | 1,862.08           |        | 10.83    | .001      |     | 155.17  |    | .01        |
| RURAL HEALTH CLINIC          | 1,967              | 3,271           |       | 421,200.07         |        | 128.77   | .025      |     | 214.13  |    | 3.21       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES  | AND EXPENDITU   | RES : | MONTH-OF-PAYMENT 1 | REPORT | FOR JAN  | 2004 THRU | DEC | 2004    | P  | AGE 10,576 |
| MOP024                       | FEE-FOR-SERVICE/DE | ENTAL           |       |                    |        |          |           |     |         |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICE | S FOR CGF 30    | -33   | 35 40 42 3A-3M 3P  | 3R 3U  | 3W 4C-4G |           |     |         |    |            |

----- MONTHLY AVERAGE USERS 131,087 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 43,698 319,533 3,190,005.82 @ALL OTHER PROVIDERS 9.98 2.438 \$ 73.00 \$ 24.34 DURABLE MED. EQUIP. 378 2,015 111,851.71 55.51 .015 295.90 .85 BLOOD BANK .00 .00 .000 .00 .00 25.00 25.00 .000 25.00 HEARING AID DISPENSERS 1 1 .00 893 18.41 .055 149.36 MEDICAL TRANSPORTATION 7,246 133,374.96 1.02 AMBULANCES/AIR TRANS 887 128.59 7,041 114,058.79 16.20 .054 173 106.13 OTHER TRANS 9 955.21 5.52 .001 .01 18,360.96 OTHER SERVICES 32 573.78 .000 874.33 .14 27.42 ACUPUNCTURE 164.51 20.56 .000 ADULT DAY HEALTH CARE CTR 73.06 219.18 3 219.18 .000 .00 GENETIC DISEASE TESTING 557 559 58,623.00 104.87 .004 105.25 .45 103.06 217 22,364.16 .002 508.28 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 2 124 346.70 2.80 .001 173.35 .00 OPTICIAN 7,139 14,966 129,863.13 8.68 .114 18.19 .99 14.19 118.59 PHYSICAL THERAPIST 117 1,660.28 .001 0 .00 .00 PORTABLE X-RAY 0 .00 .000 .00 48 PROSTHETIST/ORTHOTISTS 109 20,373.78 186.92 .001 424.45 .16 109 20,373.78 186.92 424.45 PROSTHETICS .001 ORTHOTICS 0 .00 .000 .00 0 .00 .00 53 362.11 PSYCHOLOGIST 356 19,192.02 53.91 .003 .15 46.00 228.87 27,693.78 .005 .21 SPEECH AND AUDIOLOGY HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 1 1 1,106.68 .000 1106.68 1106.68 .01 LOCAL EDUCATION AGENCIES 34,500 247,225 10.18 1.886 72.98 2,517,927.65 3,429 29.16 EPSDT SUPPLEMENTAL SERVICE 34 100,001.36 .026 2941.22 .76 RESPIRATORY CARE PRACT. Ω 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 279 45,217.92 .325 ALL OTHER PROVIDERS 42,555 1.06 162.07 .34 5,492 @CALIF. CHILDREN SERVICES\* 119,611 10,004,546.55 83.64 .912 \$ 1821.66 \$ 76.32 @XOVER EXCLUDING STATE HOSP\*\* 4,885.66 28.41 .001 139.59 \$

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,577 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

| SACRAMENTO COUNTY          | SUMMARY OF SERV  | VICES FOR CASH GRANT | - TOTAL             |              |        |        | ~=        |
|----------------------------|------------------|----------------------|---------------------|--------------|--------|--------|-----------|
|                            |                  |                      |                     |              |        |        | GE        |
| 666,986 ELIGIBLES          | USERS            | UNITS OF SERVICE     | EXPENDITURES        | AVERAGE COST |        |        | COST PER  |
|                            |                  | OR DAYS OF CARE      |                     | PER UNIT/DAY |        | USER   | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 543,012          | 23,287,066 \$        | 297,316,817.54      | \$ 12.77     | 34.914 |        |           |
| @PHYSICIANS SERVICES       | 174 <b>,</b> 169 | 564 <b>,</b> 427 \$  | 20,948,982.36       | \$ 37.12     | .846   | 120.28 |           |
| OUTPATIENT VISITS          | 102,789          | 145,441              | 5,139,357.26        | 35.34        | .218   | 50.00  | 7.71      |
| OFFICE VISITS              | 79 <b>,</b> 286  | 107,681              | 3,341,392.44        | 31.03        | .161   | 42.14  | 5.01      |
| HOME VISITS                | 358              | 433                  | 15,003.24           | 34.65        | .001   | 41.91  | .02       |
| EMERGENCY ROOM             | 16,783           | 20,162               | 1,253,313.68        | 62.16        | .030   | 74.68  | 1.88      |
| PREVENTIVE CARE            | 77               | 77                   | 3,582.01            | 46.52        | .000   | 46.52  | .01       |
| OB VISITS/COMPRE PERI      | 1,334            | 3,274                | 169,679.03          | 51.83        | .005   | 127.20 | .25       |
| OTHER OUTPATIENT           | 11,137           | 13,814               | 356,386.86          | 25.80        | .021   | 32.00  | .53       |
| INPATIENT VISITS           | 8,830            | 47,106               | 2,881,024.45        | 61.16        | .071   | 326.28 | 4.32      |
| HOSPITAL VISITS            | 7,298            | 37,297               | 1,635,906.53        | 43.86        | .056   | 224.16 | 2.45      |
| CRITICAL CARE              | 1,214            | 7,628                | 1,175,666.81        | 154.13       | .011   | 968.42 | 1.76      |
| SNF/ICF/TRANS IP CARE      | 1,196            | 2,181                | 69,451.11           | 31.84        | .003   | 58.07  | .10       |
| OPHTHALMOLOGICAL SERVICES  | 2,925            | 3,776                | 144,499.10          | 38.27        | .006   | 49.40  | .22       |
|                            | 2,673            | 3,776                | 139,201.14          | 39.57        | .005   | 52.08  | .21       |
| EXAMINATIONS               |                  |                      | •                   |              |        |        |           |
| SERVICES AND MATERIALS     | 258              | 258                  | 5,297.96            | 20.53        | .000   | 20.53  | .01       |
| INPATIENT HOSPITAL SURGERY | 4,093            | 24,475               | 2,339,621.67        | 95.59        | .037   | 571.62 | 3.51      |
| PRINCIPAL SURGEON          | 2,939            | 4,572                | 1,762,978.16        | 385.60       | .007   | 599.86 | 2.64      |
| ASSISTANT SURGEON          | 401              | 439                  | 95,839.71           | 218.31       | .001   | 239.00 | .14       |
| ANESTHESIOLOGIST           | 1,701            | 19,464               | 480,803.80          | 24.70        | .029   | 282.66 | .72       |
| OUTPATIENT SURGERY         | 8,487            | 19,505               | 1,793,192.90        | 91.94        | .029   | 211.29 | 2.69      |
| PRINCIPAL SURGEON          | 7,176            | 9,217                | 1,486,045.97        | 161.23       | .014   | 207.09 | 2.23      |
| ASSISTANT SURGEON          | 63               | 63                   | 10,782.13           | 171.14       | .000   | 171.14 | .02       |
| ANESTHESIOLOGIST           | 1,888            | 10,225               | 296,364.80          | 28.98        | .015   | 156.97 | .44       |
| DIALYSIS                   | 982              | 3,969                | 310 <b>,</b> 852.78 | 78.32        | .006   | 316.55 | .47       |
| PATHOLOGY                  | 13,536           | 28 <b>,</b> 278      | 369,150.35          | 13.05        | .042   | 27.27  | .55       |
| RADIOLOGY                  | 30,209           | 62 <b>,</b> 029      | 2,989,575.77        | 48.20        | .093   | 98.96  | 4.48      |
| PSYCHIATRY                 | 65               | 74                   | 3,655.01            | 49.39        | .000   | 56.23  | .01       |
| IMMUNIZATION AND INJECTION | 4,664            | 29,239               | 894,502.16          | 30.59        | .044   | 191.79 | 1.34      |
| OTHER SERVICES/ALL X-OVERS | 67,204           | 200,535              | 4,083,550.91        | 20.36        | .301   | 60.76  | 6.12      |
| @PHARMACY                  | 374,988          | 9,448,816 \$         | 140,283,792.08      | \$ 14.85     | 14.166 | 374.10 | \$ 210.32 |
| PRESCRIPTION DRUGS         | 369,230          | 1,658,130            | 131,692,814.07      | 79.42        | 2.486  | 356.67 | 197.44    |
| SNF/ICF                    | 8,298            | 54,083               | 4,321,547.12        | 79.91        | .081   | 520.79 | 6.48      |
| OUTPATIENTS                | 363,568          | 1,604,047            | 127,371,266.95      | 79.41        | 2.405  | 350.34 | 190.97    |
| MEDICAL SUPPLIES           | 37,652           | 7,790,686            | 8,590,978.01        | 1.10         | 11.680 | 228.17 | 12.88     |
| @DENTIST                   | 36,305           | 177,576 \$           |                     | \$ 33.92     | .266   |        |           |
| VISITS - DIAGNOSTIC        | 24,494           | 117,881              | 1,419,951.25        | 12.05        | .177   | 57.97  | 2.13      |
| ORAL SURGERY               | 6,360            | 15,479               | 790,006.78          | 51.04        | .023   | 124.21 | 1.18      |
| DRUGS                      | 130              | 150                  | 2,830.00            | 18.87        | .000   | 21.77  | .00       |
| ANESTHESIA                 | 58               | 61                   | 4,600.00            | 75.41        | .000   | 79.31  | .01       |
| PERIODONTICS               | 1 <b>,</b> 957   | 2,140                | 226,502.10          | 105.84       | .003   | 115.74 | .34       |
| ENDODONTICS<br>ENDODONTICS | 2,073            | 3,092                | 625,529.35          | 202.31       | .005   | 301.75 | .94       |
|                            | 2,073<br>9,573   | •                    |                     | 61.02        | .035   | 150.84 | 2.16      |
| RESTORATIVE DENTISTRY      | 409              | 23,663               | 1,443,985.90        |              |        |        |           |
| PROSTHETICS                |                  | 439                  | 13,664.00           | 31.13        | .001   | 33.41  | .02       |
| DENTURES, STAYPLATES       | 4,268            | 12,614               | 1,446,448.35        | 114.67       | .019   | 338.91 | 2.17      |
| SPACE MAINTAINERS          | 81               | 117                  | 9,884.00            | 84.48        | .000   | 122.02 | .01       |
| MAXILLOFACIAL SERVICES     | 25               | 29                   | 1,892.38            | 65.25        | .000   | 75.70  | .00       |
| FRACTURES, DISLOCATIONS    | 2                | 2                    | 140.00              | 70.00        | .000   | 70.00  | .00       |
| ORTHODONTIC SERVICES       | 522              | 772                  | 35,138.75           | 45.52        | .001   | 67.32  | .05       |
| ALL OTHER SERVICES         | 882              | 1,137                | 2,900.00            | 2.55         | .002   | 3.29   | .00       |
|                            |                  |                      |                     |              |        |        |           |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,578 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

|   |  |                  |          |                            |     |   | M         | ON.T.    | HLY AVERA              | GE.      |          |
|---|--|------------------|----------|----------------------------|-----|---|-----------|----------|------------------------|----------|----------|
| 666,986 ELIGIBLES   | USERS  | UNITS OF SERVICE |          | EXPENDITURES               | ΑV  | ERAGE COST  | UNITS/DAY | S        | COST PER               |          | COST PER |
|   |  | OR DAYS OF CARE  |          |                            | PE  | R UNIT/DAY  | PER ELIG  |          | USER                   |          | ELIGIBLE |
| @OPTOMETRIST  | 12,785                                       | 39,523           | \$       | 827,351.80                 | \$  | 20.93   | .059      | Ś        | 64.71                  | Ś        | 1.24     |
| DIAGNOSTIC AND ANC. PROCED  | 6 <b>,</b> 755                               | 7,357            | 7        | 291,787.39                 | - T | 39 66   | .011      | -1       | 43.20                  | 7        | .44      |
|   |  | 31,321           |          | 510,817.95                 |     | 39.66<br>16.31<br>29.29   | .047      |          | 49.41                  |          | .77      |
| OBJED ODBOMEDIC CEDUICEC  | 10,550                                       | 845              |          | 24,746.46                  |     | 10.31   | .001      |          | 36.94                  |          | .04      |
| OTHER OPTOMETRIC SERVICES   | 670  |                  | <u>^</u> | 24,746.46                  | ^   | 29.29   | .001      | <u> </u> |                        | <u> </u> |          |
| @CHIROPRACTOR   | 815  | 1,566            | \$       | 25,802.25                  | \$  | 16.48<br>16.59  | .002      | Ş        | 31.66                  | \$       | .04      |
| VISITS  | 793  | 1,520            |          | 25,218.52                  |     | 16.59   | .002      |          | 31.80                  |          | .04      |
| OTHER SERVICES  | 22   | 46               |          | 583.73                     |     | 12.69   | .000      |          | 26.53                  |          | .00      |
| @PODIATRIST   | 6 <b>,</b> 856                               | 10,831           | \$       | 185,588.11                 | \$  | 17.13<br>29.71  | .016      | \$       | 27.07                  | \$       | .28      |
| MEDICINE/INJECTIONS   | 2,428  | 2,683            |          | 79,714.16                  |     | 29.71   | .004      |          | 32.83                  |          | .12      |
| SURGERY/ANES.   | 196  | 304              |          | 11,427.86                  |     | 37.59   | .000      |          | 58.31                  |          | .02      |
| EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE | 158  | 210              |          | 3,673.67                   |     | 17 49   | 000       |          | 23.25                  |          | .01      |
| OTHER   | 4 417  | 7,634            |          | 90,772.42                  |     | 11 89   | .011      |          | 20.55                  |          | .14      |
| QUOME DESITE SCENCY   | 2 700  | 148,321          | \$       | 5,218,374.35               | ċ   | 25 10   | .222      | Ċ        | 1864.37                | Ċ        | 7.82     |
| MIDGE AMEGRIEGION   | 4, 199                                       | •                | ٠<br>د   |                            |     | 33.10   | .002      |          | 37.46                  |          | .01      |
| NURSE ANESTHESIST   | 1/3  | 1,523            | ې<br>د   | 6,481.41                   |     |   | .002      |          |                        |          |          |
| NURSE MIDWIFE   | 14   | 154              | Ş        | 4,500.14                   |     | 29.22   | .000      |          | 321.44                 |          | .01      |
| PEDIATRIC NURSE PRACTITIONER  | 1 /  | 18               | Ş        | 537.29                     | Ş   | 29.85   | .000      |          | 31.61                  |          | .00      |
| FAMILY NURSE PRACTITIONER   | 1,008<br>66,972                              | 2,673            | \$       | 60,564.34                  | \$  | 22.66   | .004      |          | 60.08                  |          | .09      |
| @TOTAL HOSPITAL   | 66 <b>,</b> 972                              | 447,090          | \$       | 60,564.34<br>66,414,177.14 | \$  | 148.55  | .670      | \$       | 991.67                 | \$       | 99.57    |
| HOSP INPATIENT TOTAL  | 8,440  | 44,533           |          | 56,689,197.19              |     | 17/7 4/   | .067      |          | 6716.73                |          | 84.99    |
| HSC HOSPITALS   | 6,805  | 40,312           |          | 51,472,717.30              |     | 1276.86   | .060      |          | 7563.96                |          | 77.17    |
| NON-HSC HOSPITAL TOTAL  | 602  | 4,221            |          | 4,078,513.77               |     | 966.24  | .006      |          | 6774.94                |          | 6.11     |
| ACCOMMODATIONS  | 6,805<br>602<br>600<br>19<br>0<br>581<br>589 | 4,221            |          | 2,006,961.83               |     | 475.47  | 006       |          | 3344.94                |          | 3.01     |
| ACCOMMODATIONS ADMINISTRATIVE DAYS  | 1 0  | 102              |          | 21,261.29                  |     | 208.44  | .006      |          | 1119.02                |          | .03      |
| ADMINISTRATIVE DATS   | 1.9  | 0                |          | .00                        |     | .00   | .000      |          | .00                    |          |          |
| TRANSITIONAL IP CARE  | T 0.1  |                  |          |                            |     |   |           |          |                        |          | .00      |
| ALL OTHER ACCOM   | 281  | 4,119            |          | 1,985,700.54               |     | 482.08  | .006      |          | 3417.73                |          | 2.98     |
| ANCILLARIES   | 589  | 0                |          | 2,071,551.94               |     | .00   | .000      |          | 3517.07                |          | 3.11     |
| INPATIENT CROSSOVERS  | 1,234  | 0                |          | 1,137,966.12               |     | .00   | .000      |          | 922.18                 |          | 1.71     |
| ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | 0  | 0                |          | .00                        |     | .00   | .000      |          | .00<br>158.81<br>69.27 |          | .00      |
| HOSP OUTPATIENT TOTAL   | 61 <b>,</b> 237                              | 402,557          |          | 9,724,979.95               |     | 24.16   | .604      |          | 158.81                 |          | 14.58    |
| MEDICAL   | 12,095                                       | 19,539           |          | 837,853.09                 |     | 42.88   | .029      |          | 69.27                  |          | 1.26     |
| SURGERY   | 3,642  | 4,176            |          | 192,878.75                 |     | 46.19   | .006      |          | 52.96                  |          | .29      |
| PATHOLOGY   | 20.114                                       | 136,765          |          | 1,125,258.66               |     | 8.23  | .205      |          | 55.94                  |          | 1.69     |
| RADIOLOGY   | 12 746                                       | 20,909           |          | 1,884,609.60               |     | 90 13   | .031      |          | 147.86                 |          | 2.83     |
| ROOM USE  | 3,642<br>20,114<br>12,746<br>32,314          | 46,375           |          | 1,761,949.30               |     | 37 99   | .070      |          | 54.53                  |          | 2.64     |
| CROSSOVERS/ALL OTH OUTPTNT  | 30,550                                       | 174,793          |          | 3,922,430.55               |     | 22 44   | .262      |          | 128.39                 |          | 5.88     |
| ACQUINTY HOODITAL TOTAL   | JU, JJU                                      | 2,027            | \$       | 351,484.07                 | ċ   | .00<br>24.16<br>42.88<br>46.19<br>8.23<br>90.13<br>37.99<br>22.44 | .202      | ċ        | 774.19                 | ċ        | .53      |
| @COUNTY HOSPITAL TOTAL  | 454<br>53                                    | 2,027            | Ş        | 331,404.07                 | Ą   | 1/3.40  | .000      | Ą        |                        | Ą        | .33      |
| CO HOSPITAL INPATIENT TOTAL   | 53   |                  |          | 298,709.84                 |     | 1044.44<br>1100.85<br>802.45<br>366.39                            | .000      |          | 5636.03                |          |          |
| HSC HOSPITALS   | 47   | 229              |          | 252,094.19                 |     | 1100.85   | .000      |          | 5363.71                |          | .38      |
| NON-HSC HOSPITALS TOTAL   | 8  | 57               |          | 45,739.65                  |     | 802.45  | .000      |          | 5717.46                |          | .07      |
| ACCOMMODATIONS  | 7  | 57               |          | 20,884.11                  |     | 366.39  | .000      |          | 2983.44                |          | .03      |
| ADMINISTRATIVE DAYS   | 0  | 0                |          | .00                        |     | .00   | .000      |          | .00                    |          | .00      |
| TRANSITIONAL IP CARE  | 0  | 0                |          | .00                        |     | .00   | .000      |          | .00                    |          | .00      |
| ALL OTHER ACCOM   | 7  | 57               |          | 20,884.11                  |     | 366.39  | .000      |          | 2983.44                |          | .03      |
| ANCILLARIES   | 8  | 0                |          | 24,855.54                  |     | .00   | .000      |          | 3106.94                |          | .04      |
| INPATIENT CROSSOVERS  | 1  | 0                |          | 876.00                     |     | .00   | .000      |          | 876.00                 |          | .00      |
| ALL OTHER INPATIENT   | 7<br>0<br>0<br>7<br>8<br>1<br>0<br>415       | 0                |          | .00                        |     | .00   | .000      |          | .00                    |          | .00      |
| VIII OTHEN THEWITENT  | /1 F   |                  |          |                            |     | 30.31   |           |          | 127.17                 |          | .00      |
| CO HOSP OUTPATIENT TOTAL  | 410  | 1,741            |          | 52,774.23                  |     | 30.31   | .003      |          | 14 01                  |          |          |
| 112.0112  | ± 0 /  | 203              |          | 7,051.32                   |     | 34.74   | .000      |          | 44.91                  |          | .01      |
| SURGERY   | 47   | 69               |          | 2,692.10                   |     | 39.02   | .000      |          | 57.28                  |          | .00      |
| PATHOLOGY   | 144  | 621              |          | 9,824.23                   |     | 15.82   | .001      |          | 68.22                  |          | .01      |

63 RADIOLOGY 100 8,970.34 89.70 .000 142.39 252 15,226.67 ROOM USE 343 44.39 .001 60.42 9,009.57 CROSSOVERS/ALL OTH OUTPTNT 192 405 22.25 .001 46.92

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

.01

.02

.01 PAGE 10,579

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

#CALIF DEPT OF HEALTH SERV

MOP024

| ## CASE PROTECTION   General Content of the content | SACRAMENTO COUNTY            | SUMMARY OF SER  | VICES FOR CASH GRANT   | - TOTAL             |                 |               |          | ~-       |            |
|--|------------------------------|-----------------|------------------------|---------------------|-----------------|---------------|----------|----------|------------|
| COMMUNITY HOSPITAL TOTAL   | 666 006                      |                 |                        |                     |                 |               |          |          |            |
| COMMINITY HOSPITAL TOTAL   | •                            |                 |                        | EXPENDITURES        |                 |               |          |          |            |
| COMM HOSP INPATIENT TOTAL  | _                            |                 | OR DAYS OF CARE        |                     |                 |               |          |          |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | @COMMUNITY HOSPITAL TOTAL    | 66,592          | 445,063 \$             |                     | \$ 148.43       | .667 \$       |          | Ş        |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | COMM HOSP INPATIENT TOTAL    | 8,392           | 44,247                 |                     | 1274.45         | .066          |          |          |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | HSC HOSPITALS                | 6 <b>,</b> 762  | 40,083                 |                     | 1277.86         | .060          |          |          |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | NON-HSC HOSPITALS TOTAL      | 594             | 4,164                  |                     | 968.49          | .006          | 6789.18  |          | 6.05       |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | ACCOMMODATIONS               | 593             | 4,164                  | 1,986,077.72        | 476.96          | .006          |          |          |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | ADMINISTRATIVE DAYS          | 19              | 102                    | 21,261.29           | 208.44          | .000          | 1119.02  |          | .03        |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | TRANSITIONAL IP CARE         | 0               | 0                      | .00                 | .00             | .000          | .00      |          | .00        |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | ALL OTHER ACCOM              | 574             | 4,062                  | 1,964,816.43        | 483.71          | .006          | 3423.03  |          | 2.95       |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | ANCILLARIES                  | 581             | 0                      |                     | .00             | .000          | 3522.71  |          | 3.07       |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | INPATIENT CROSSOVERS         | 1.233           | 0                      |                     | .00             | .000          |          |          | 1.70       |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | ALL OTHER INPATIENT          | _,              | 0                      |                     |                 |               |          |          |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | COMM HOSP OUTPATIENT TOTAL   | 60.883          | 400 - 816              | 9 - 672 - 205 72    | 24 13           |               |          |          |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 0.31 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 0.69 54.43 2.62 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 2.61 128.83 5.87 85TATE HOSPITAL 18 549 \$ 328,581.12 \$ 598.51 0.01 \$ 18254.51 \$ .49 MENTALLY ILL 2 62 62 27,334.77 440.88 0.00 13667.39 0.40 DEVELOP, DISABLED 16 467 301,246.35 618.58 0.001 18627.90 45 80 SURGING FACILITY 4,478 117,818 \$ 17,806,916.40 \$ 151.14 1.77 \$ 3976.53 \$ 26.70 LEV A-INTERMEDIATE 67 2.031 169,644.67 83.53 0.03 2532.01 2.5   | MEDICAL.                     | 11 945          | 19 336                 | 830 801 77          | 42 97           |               |          |          |            |
| RADIOLOGY 12,686 20,809 1,675,639.26 90.14 .031 147.85 2.81 ROOM USE 32,090 46,032 1,746,722.63 37.95 .069 54.43 2.52 CROSSOVERS/ALL OTH OUTPTNT 30,377 174,388 3,913,420.98 22.44 .261 128.83 5.87 85TATE HOSPITAL 18 549 \$328,581.12 \$598.51 .001 \$18254.51 \$.49 DEVELOP. DISABLED 16 487 301,246.35 618.58 .001 18667.39 .04 DEVELOP. DISABLED 16 487 301,246.35 618.58 .001 18827.90 .45 BUNDRING FACILITY 4,478 117,818 \$17,806,916.40 \$151.14 .177 \$3976.53 \$2.67.0 LEV A-INTERMEDIATE 67 2,031 169,644.67 83.53 .003 2532.01 .25 LEV B-SUBACUTE FREESTANDING 23 683 404,003.54 591.51 .001 17565.37 .61 LEV B-SUBACUTE FREESTANDING 23 683 404,003.54 591.51 .001 17565.37 .61 LEV B-SUBACUTE HESPTL BASED 104 3,037 1,716,147.38 565.08 .005 16501.42 2.57 LEV B-REDIATE CARE FACILDD 674 20,115 \$3,249,002.89 \$161.52 .000 .000 .00 .00 .00 .00 .00 .00 .00   | SIIRCERY                     | 3 595           | 4 107                  | 190 186 65          | 46 31           | 006           |          |          |            |
| ### STATE HOSPITAL   | DATHOLOCA                    | 10 086          | 136 144                |                     | 9 10            | 204           |          |          |            |
| ### STATE HOSPITAL   | PADIOLOGY                    | 12,500          |                        |                     | 0.13            | 021           |          |          |            |
| ### STATE HOSPITAL   | RADIOLOGI<br>DOOM HEE        | 12,000          | 46 032                 |                     | 27.05           | .031          |          |          |            |
| ### STATE HOSPITAL   | CDOCCOVEDC / ALL OHI OUHDHAH | 32,090          | 174 200                | 2,740,722.03        | 37.93           | .009          |          |          |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | CROSSOVERS/ALL OTH OUTPINT   | 30,3//          | 1/4,388                | 3,913,420.98        | 22.44           | .201          |          | <u> </u> |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | @STATE HOSPITAL              | 18              | 549 \$                 | 328,581.12          | \$ 598.51       | .001 \$       |          | \$       |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | MENTALLY ILL                 | 2               | 62                     | 2/,334.//           | 440.88          | .000          |          |          |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | DEVELOP. DISABLED            | 16              | 487                    | 301,246.35          | 618.58          | .001          |          |          |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | @NURSING FACILITY            | 4,478           | 117,818 \$             | 17,806,916.40       | \$ 151.14       | .177 \$       |          | \$       |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | LEV A-INTERMEDIATE           | 67              | 2 <b>,</b> 031         | 169,644.67          | 83.53           | .003          |          |          |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | LEV B-REHAB MD               | 92              |                        | 343 <b>,</b> 281.17 | 125.47          | .004          |          |          |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | LEV B-SUBACUTE FREESTANDING  | 23              | 683                    | 404,003.54          | 591.51          | .001          | 17565.37 |          |            |
| LEV B-REGULAR 4,201 109,331 15,173,839.64 138.79 1.64 3611.96 22.75 [INTERMEDIATE CARE FACILDD 674 20,115 \$ 3,249,002.89 \$ 161.52 .030 \$ 4820.48 \$ 4.87 ICF DDH 380 11,589 1,967,883.54 169.81 .017 5178.64 2.95 ICF DD 265 7,730 1,112,704.81 143.95 .012 4198.89 1.67 ICF DDN/DDCN 29 796 168,414.54 221.58 .001 5807.40 .25 [HEMODIALYSIS TOTAL 4,296 142,960 \$ 5,992,523.56 \$ 41.92 .214 \$ 1394.91 \$ 8.98 HOSPITAL BASED 115 2,070 395,549.32 191.09 .003 3439.56 .59 HEMODIALYSIS CENTER 4,184 140,890 5,596,974.24 39.73 .211 1337.71 8.39 [REHABILITATION FACILITY 2,053 15,451 \$ 316,134.78 \$ 20.46 .023 \$ 153.99 \$ .47 HOSPITAL BASED 832 3,081 90,629.53 29.42 .005 108.93 .14 INDEPENDENT FACILITY 32,53 12,370 225,505.25 18.23 .019 182.89 .34 [PATHOLOGY 32,106 138,946 1,286 11,562.36 11.17 .208 48.01 \$ 2.34 PATHOLOGY 32,106 138,946 1,286 11,666.88 9.07 .002 25.04 .02 [PATHOLOGY 3,166.8] \$ 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48   | LEV B-SUBACUTE HSPTL BASED   | 104             | 3,037                  |                     | 565.08          |               | 16501.42 |          |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | LEV B-TRANSITIONAL IP CARE   | 0               | 0                      | .00                 | .00             | .000          | .00      |          | .00        |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | LEV B-REGULAR                | 4,201           | 109,331                |                     | 138.79          | .164          | 3611.96  |          | 22.75      |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | @INTERMEDIATE CARE FACILDD   | 674             | 20,115 \$              |                     | \$ 161.52       | .030 \$       |          | \$       | 4.87       |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | ICF DDH                      | 380             |                        |                     | 169.81          | .017          |          | ·        |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | ICF DD                       | 265             |                        |                     | 143.95          | .012          |          |          |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | ICF DDN/DDCN                 | 29              |                        |                     | 211 58          | 001           |          |          |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | GHEMODIALVSIS TOTAL          | 4 296           |                        |                     | \$ 41.92        | 214 \$        |          | Ś        |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | HOSPITAL BASED               | 115             | 2 070                  |                     |                 |               |          | Ψ        |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | HEMODIALVEIC CENTED          | 1 101           |                        |                     |                 |               |          |          |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | ADEILADII TOMOTON EACTI TOV  | 4,104           |                        |                     | \$ 20.46        |               |          | ċ        |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | GREMABILITATION FACILITY     | 2,033           |                        |                     |                 |               |          | Ą        |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | HUSPITAL BASED               | 832             |                        | 90,629.53           | 29.42           |               |          |          |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | INDEPENDENT FACILITY         | 1,233           |                        | 225,505.25          | 18.23           |               |          | _        |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | @LABORATORY FACILITY         | 32,565          | 140,232 \$             | 1,563,329.24        | \$ 11.15        | .210 \$       |          | Ş        |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | PATHOLOGY                    | 32,106          | 138,946                | 1,551,662.36        | 11.17           | .208          |          |          |            |
| CLINIC       9,168       27,016       587,030.75       21.73       .041       64.03       .88         SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48  | XO AND OTHERS                | 466             | 1,286                  | 11,666.88           | 9.07            | .002          |          |          |            |
| CLINIC 9,168 27,016 587,030.75 21.73 .041 64.03 .88 SURGICENTER 1,494 6,703 297,117.19 44.33 .010 198.87 .45 HEROIN DETOX CLINIC 51 651 6,791.86 10.43 .001 133.17 .01 RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,580   | @ORGANIZED OUTPATIENT CLINIC | 15 <b>,</b> 355 | 42 <b>,</b> 126 \$     | 1,877,261.24        | \$ 44.56        | .063 \$       |          | \$       |            |
| SURGICENTER       1,494       6,703       297,117.19       44.33       .010       198.87       .45         HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48         #CALIF DEPT OF HEALTH SERV       MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004       PAGE 10,580   | CLINIC                       | 9,168           |                        |                     | 21.73           | .041          |          |          |            |
| HEROIN DETOX CLINIC       51       651       6,791.86       10.43       .001       133.17       .01         RURAL HEALTH CLINIC       4,688       7,756       986,321.44       127.17       .012       210.39       1.48         #CALIF DEPT OF HEALTH SERV       MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004       PAGE 10,580  | SURGICENTER                  | 1,494           |                        |                     |                 |               | 198.87   |          |            |
| RURAL HEALTH CLINIC 4,688 7,756 986,321.44 127.17 .012 210.39 1.48 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,580  | HEROIN DETOX CLINIC          | 51              |                        |                     | 10.43           | .001          | 133.17   |          | .01        |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,580   | RURAL HEALTH CLINIC          | 4,688           | 7,756                  |                     | 127.17          | .012          | 210.39   |          | 1.48       |
|  | #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVI  | CES AND EXPENDITURES M | IONTH-OF-PAYMENT RI | EPORT FOR JAN 2 | 2004 THRU DEC | 2004     | P        | AGE 10,580 |

| SACRAMENTO COUNTY              | SUMMARI OF SER   | VICES FOR CASH GRANI | - 101AL            |              |          |             |          |
|--------------------------------|------------------|----------------------|--------------------|--------------|----------|-------------|----------|
|                                |                  |                      |                    |              |          | ITHLY AVERA | -        |
| 666,986 ELIGIBLES              | USERS            | UNITS OF SERVICE     | EXPENDITURES       | AVERAGE COST |          | COST PER    | COST PER |
|                                |                  | OR DAYS OF CARE      |                    | PER UNIT/DAY | PER ELIG | USER        | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 126 <b>,</b> 752 | 11,965,297 \$        | 26,183,444.18      | \$ 2.19      | 17.939   | \$ 206.57   | \$ 39.26 |
| DURABLE MED. EQUIP.            | 6 <b>,</b> 298   | 24,368               | 3,277,871.36       | 134.52       | .037     | 520.46      | 4.91     |
| BLOOD BANK                     | 0                | 0                    | .00                | .00          | .000     | .00         | .00      |
| HEARING AID DISPENSERS         | 180              | 222                  | 64 <b>,</b> 791.43 | 291.85       | .000     | 359.95      | .10      |
| MEDICAL TRANSPORTATION         | 14,078           | 729 <b>,</b> 221     | 3,404,356.10       | 4.67         | 1.093    | 241.82      | 5.10     |
| AMBULANCES/AIR TRANS           | 8,656            | 64,808               | 1,184,609.48       | 18.28        | .097     | 136.85      | 1.78     |
| OTHER TRANS                    | 4,821            | 656 <b>,</b> 937     | 2,151,178.64       | 3.27         | .985     | 446.21      | 3.23     |
| OTHER SERVICES                 | 1,223            | 7,476                | 68 <b>,</b> 567.98 | 9.17         | .011     | 56.07       | .10      |
| ACUPUNCTURE                    | 4,383            | 10,071               | 176,748.94         | 17.55        | .015     | 40.33       | .26      |
| ADULT DAY HEALTH CARE CTR      | 4,721            | 68,361               | 4,719,249.85       | 69.03        | .102     | 999.63      | 7.08     |
| GENETIC DISEASE TESTING        | 656              | 658                  | 68 <b>,</b> 970.00 | 104.82       | .001     | 105.14      | .10      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 3 <b>,</b> 039   | 76 <b>,</b> 901      | 2,823,563.13       | 36.72        | .115     | 929.11      | 4.23     |
| OCCUPATIONAL THERAPIST         | 109              | 4,203                | 14,063.25          | 3.35         | .006     | 129.02      | .02      |
| OPTICIAN                       | 19,839           | 44,809               | 467,421.66         | 10.43        | .067     | 23.56       | .70      |
| PHYSICAL THERAPIST             | 514              | 4,573                | 62 <b>,</b> 489.90 | 13.66        | .007     | 121.58      | .09      |
| PORTABLE X-RAY                 | 282              | 591                  | 8,719.64           | 14.75        | .001     | 30.92       | .01      |
| PROSTHETIST/ORTHOTISTS         | 742              | 2 <b>,</b> 592       | 275,488.60         | 106.28       | .004     | 371.28      | .41      |
| PROSTHETICS                    | 739              | 2,588                | 275,155.02         | 106.32       | .004     | 372.33      | .41      |
| ORTHOTICS                      | 4                | 4                    | 333.58             | 83.40        | .000     | 83.40       | .00      |
| PSYCHOLOGIST                   | 146              | 545                  | 24,869.70          | 45.63        | .001     | 170.34      | .04      |
| SPEECH AND AUDIOLOGY           | 4,946            | 19,903               | 935,280.25         | 46.99        | .030     | 189.10      | 1.40     |
| HOSPICE SERVICES               | 365              | 9,723                | 1,299,134.61       | 133.61       | .015     | 3559.27     | 1.95     |
| NONINST BIRTHING CENTERS       | 2                | 2                    | 2,213.36           | 1106.68      | .000     | 1106.68     | .00      |
| LOCAL EDUCATION AGENCIES       | 49,297           | 685 <b>,</b> 819     | 5,595,621.85       | 8.16         | 1.028    | 113.51      | 8.39     |
| EPSDT SUPPLEMENTAL SERVICE     | 139              | 11,561               | 338,273.84         | 29.26        | .017     | 2433.62     | .51      |
| RESPIRATORY CARE PRACT.        | 0                | 0                    | .00                | .00          | .000     | .00         | .00      |
| PED SUBACUTE REHAB/WEANING     | 0                | 0                    | .00                | .00          | .000     | .00         | .00      |
|                                |                  |                      |                    |              |          |             |          |

| ALL OTHER PROVIDERS           | 25 <b>,</b> 339 | 10,271,174 | 2,624,316.71        | .26         | 15.399 | 103.57     | 3.93        |
|-------------------------------|-----------------|------------|---------------------|-------------|--------|------------|-------------|
| @CALIF. CHILDREN SERVICES*    | 14,189          | 482,129    | \$<br>26,248,937.46 | \$<br>54.44 | .723   | \$ 1849.95 | \$<br>39.35 |
| @XOVER EXCLUDING STATE HOSP** | 68 <b>,</b> 277 | 717,087    | \$<br>9,008,141.08  | \$<br>12.56 | 1.075  | \$ 131.94  | \$<br>13.51 |

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,581 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| MOP024                     | FEE-FOR-SERVICE | E/DENTAL         |        |              |              |            |             |      | 03/14/05 |
|----------------------------|-----------------|------------------|--------|--------------|--------------|------------|-------------|------|----------|
| SACRAMENTO COUNTY          | SUMMARY OF SERV | JICES FOR 185% P | ROGRAI | M - INFANTS  | AID CODES 47 | 69         |             |      |          |
|                            |                 |                  |        |              |              | MO         | NTHLY AVERA | GE - |          |
| 7,790 ELIGIBLES            | USERS           | UNITS OF SERVIC  | E      | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | (    | COST PER |
|                            |                 | OR DAYS OF CAR   | E      |              | PER UNIT/DAY | PER ELIG   | USER        |      | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 3,247           | 12,107           | \$     | 2,045,070.11 | \$ 168.92    | 1.554      | \$ 629.83   | \$   | 262.53   |
| @PHYSICIANS SERVICES       | 2,078           | 5,938            | \$     | 358,975.67   | \$ 60.45     | .762       | \$ 172.75   | \$   | 46.08    |
| OUTPATIENT VISITS          | 1,689           | 2,167            |        | 74,829.35    | 34.53        | .278       | 44.30       |      | 9.61     |
| OFFICE VISITS              | 1,306           | 1,672            |        | 55,280.99    | 33.06        | .215       | 42.33       |      | 7.10     |
| HOME VISITS                | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| EMERGENCY ROOM             | 248             | 261              |        | 13,580.89    | 52.03        | .034       | 54.76       |      | 1.74     |
| PREVENTIVE CARE            | 14              | 14               |        | 443.66       | 31.69        | .002       | 31.69       |      | .06      |
| OB VISITS/COMPRE PERI      | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| OTHER OUTPATIENT           | 178             | 220              |        | 5,523.81     | 25.11        | .028       | 31.03       |      | .71      |
| INPATIENT VISITS           | 266             | 1,767            |        | 188,621.47   | 106.75       | .227       | 709.10      |      | 24.21    |
| HOSPITAL VISITS            | 230             | 793              |        | 40,717.61    | 51.35        | .102       | 177.03      |      | 5.23     |
| CRITICAL CARE              | 79              | 974              |        | 147,903.86   | 151.85       | .125       | 1872.20     |      | 18.99    |
| SNF/ICF/TRANS IP CARE      | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| OPHTHALMOLOGICAL SERVICES  | 26              | 41               |        | 1,901.76     | 46.38        | .005       | 73.14       |      | .24      |
| EXAMINATIONS               | 26              | 41               |        | 1,901.76     | 46.38        | .005       | 73.14       |      | .24      |
| SERVICES AND MATERIALS     | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| INPATIENT HOSPITAL SURGERY | 45              | 280              |        | 32,865.66    | 117.38       | .036       | 730.35      |      | 4.22     |
| PRINCIPAL SURGEON          | 31              | 44               |        | 25,368.72    | 576.56       | .006       | 818.35      |      | 3.26     |
| ASSISTANT SURGEON          | 2               | 2                |        | 839.96       | 419.98       | .000       | 419.98      |      | .11      |
| ANESTHESIOLOGIST           | 19              | 234              |        | 6,656.98     | 28.45        | .030       | 350.37      |      | .85      |
| OUTPATIENT SURGERY         | 52              | 219              |        | 12,948.43    | 59.13        | .028       | 249.01      |      | 1.66     |
| PRINCIPAL SURGEON          | 39              | 47               |        | 7,842.39     | 166.86       | .006       | 201.09      |      | 1.01     |
| ASSISTANT SURGEON          | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| ANESTHESIOLOGIST           | 18              | 172              |        | 5,106.04     | 29.69        | .022       | 283.67      |      | .66      |
| DIALYSIS                   | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| PATHOLOGY                  | 55              | 430              |        | 6,138.78     | 14.28        | .055       | 111.61      |      | .79      |
| RADIOLOGY                  | 246             | 590              |        | 16,369.80    | 27.75        | .076       | 66.54       |      | 2.10     |
| PSYCHIATRY                 | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| IMMUNIZATION AND INJECTION | 13              | 22               |        | 1,701.83     | 77.36        | .003       | 130.91      |      | .22      |
| OTHER SERVICES/ALL X-OVERS | 190             | 422              |        | 23,598.59    | 55.92        | .054       | 124.20      |      | 3.03     |
| @PHARMACY                  | 1,011           | 1,739            | \$     | 66,654.26    | \$ 38.33     | .223       |             | \$   | 8.56     |
| PRESCRIPTION DRUGS         | 998             | 1,588            |        | 65,221.60    | 41.07        | .204       | 65.35       | ·    | 8.37     |
| SNF/ICF                    | 2               | _, 6             |        | 388.99       | 64.83        | .001       | 194.50      |      | .05      |
| OUTPATIENTS                | 998             | 1,582            |        | 64,832.61    | 40.98        | .203       | 64.96       |      | 8.32     |
| MEDICAL SUPPLIES           | 39              | 151              |        | 1,432.66     | 9.49         | .019       | 36.73       |      | .18      |
| @DENTIST                   | 4               | 12               | \$     | 20.00        | \$ 1.67      | .002       |             | \$   | .00      |
| VISITS - DIAGNOSTIC        | 4               | 9                | 7      | 20.00        | 2.22         | .001       | 5.00        | т    | .00      |
| ORAL SURGERY               | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| DRUGS                      | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| ANESTHESIA                 | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| PERIODONTICS               | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| ENDODONTICS                | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| RESTORATIVE DENTISTRY      | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
| PROSTHETICS                | 0               | 0                |        | .00          | .00          | .000       | .00         |      | .00      |
|                            | ŭ               | 0                |        | .00          | • 0 0        | • • • •    | • • • •     |      | • • •    |

| DENTURES, STAYPLATES         | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
|------------------------------|-----------------|----------------|---------|------------------|---------------|--------------|----------|----|------------|
| SPACE MAINTAINERS            | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| MAXILLOFACIAL SERVICES       | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| FRACTURES, DISLOCATIONS      | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| ORTHODONTIC SERVICES         | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| ALL OTHER SERVICES           | 1               | 3              |         | .00              | .00           | .000         | .00      |    | .00        |
| #CALIF DEPT OF HEALTH SERV   |                 |                | URES MO | NTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU DE | C 2004   | P. | AGE 10,582 |
| MOP024                       | FEE-FOR-SERVICE | •              |         |                  |               |              |          |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR 185%  | PROGRAM | - INFANTS        | AID CODES 47  | 69           |          |    |            |
|                              |                 |                |         |                  |               | MON          |          | GΕ |            |
| 7,790 ELIGIBLES              | USERS           | UNITS OF SERVI |         | EXPENDITURES     | AVERAGE COST  |              | COST PER |    | COST PER   |
|                              |                 | OR DAYS OF CA  | .RE     |                  | PER UNIT/DAY  |              | USER     |    | ELIGIBLE   |
| @OPTOMETRIST                 | 0               | 0              | \$      | .00              | \$ .00        | .000         | .00      | \$ | .00        |
| DIAGNOSTIC AND ANC. PROCED   | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| EYE APPLIANCES               | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| OTHER OPTOMETRIC SERVICES    | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| @CHIROPRACTOR                | 0               | 0              | \$      | .00              | \$ .00        | .000 \$      | .00      | \$ | .00        |
| VISITS                       | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| OTHER SERVICES               | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| @PODIATRIST                  | 0               | 0              | \$      | .00              | \$ .00        | .000 \$      | .00      | \$ | .00        |
| MEDICINE/INJECTIONS          | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| SURGERY/ANES.                | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| RADIO./PATHOLOGY             | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| OTHER                        | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| @HOME HEALTH AGENCY          | 56              | 126            | \$      | 7,493.58         | \$ 59.47      | .016         | 133.81   | \$ | .96        |
| NURSE ANESTHESIST            | 0               | 0              | \$      | .00              | \$ .00        | .000         | .00      | \$ | .00        |
| NURSE MIDWIFE                | 0               | 0              | \$      | .00              | \$ .00        | .000         | .00      | \$ | .00        |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0              | \$      | .00              | \$ .00        | .000         | .00      | \$ | .00        |
| FAMILY NURSE PRACTITIONER    | 4               | 13             | \$      | 199.51           | \$ 15.35      | .002         | 49.88    | \$ | .03        |
| @TOTAL HOSPITAL              | 650             | 2,562          | \$      | 1,575,092.38     | \$ 614.79     | .329         | 2423.22  | \$ | 202.19     |
| HOSP INPATIENT TOTAL         | 114             | 951            |         | 1,500,854.35     | 1578.19       | .122         | 13165.39 |    | 192.66     |
| HSC HOSPITALS                | 104             | 823            |         | 1,341,118.00     | 1629.55       | .106         | 12895.37 |    | 172.16     |
| NON-HSC HOSPITAL TOTAL       | 10              | 128            |         | 159,736.35       | 1247.94       | .016         | 15973.64 |    | 20.51      |
| ACCOMMODATIONS               | 10              | 128            |         | 136,660.90       | 1067.66       | .016         | 13666.09 |    | 17.54      |
| ADMINISTRATIVE DAYS          | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| TRANSITIONAL IP CARE         | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| ALL OTHER ACCOM              | 10              | 128            |         | 136,660.90       | 1067.66       | .016         | 13666.09 |    | 17.54      |
| ANCILLARIES                  | 9               | 0              |         | 23,075.45        | .00           | .000         | 2563.94  |    | 2.96       |
| INPATIENT CROSSOVERS         | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| ALL OTHER INPATIENT          | 0               | 0              |         | .00              | .00           | .000         | .00      |    | .00        |
| HOSP OUTPATIENT TOTAL        | 571             | 1,611          |         | 74,238.03        | 46.08         | .207         | 130.01   |    | 9.53       |

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MEDICAL

SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

ALL OTHER ACCOM

HSC HOSPITALS

ANCILLARIES

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

| INPATIENT CROSSOVERS                                   | 0                | 0                |           | .00          | . (       | .000                                    |          | .00       |          | .00        |
|--|------------------|------------------|-----------|--------------|-----------|---|----------|-----------|----------|------------|
| ALL OTHER INPATIENT                                    | 0                | 0                |           | .00          | . (       | .000                                    |          | .00       |          | .00        |
| CO HOSP OUTPATIENT TOTAL                               | 3                | 4                |           | 147.83       | 36.9      | .001                                    |          | 49.28     |          | .02        |
| MEDICAL  | 1                | 1                |           | 23.09        | 23.0      | .000                                    |          | 23.09     |          | .00        |
| SURGERY  | 0                | 0                |           | .00          | . (       | .000                                    |          | .00       |          | .00        |
| PATHOLOGY  | 0                | 0                |           | .00          | . (       |   |          | .00       |          | .00        |
| RADIOLOGY  | 0                | 0                |           | .00          | . (       | .000                                    |          | .00       |          | .00        |
| ROOM USE   | 1                | 1                |           | 34.74        | 34.       |   |          | 34.74     |          | .00        |
| CROSSOVERS/ALL OTH OUTPINT                             | 2                | 2                |           | 90.00        | 45.0      |   |          | 45.00     |          | .01        |
|  | MEDI-CAL SERVICE | S AND EXPENDITU  | RES MON   |              |           |   | DEC      |           | P        | AGE 10,583 |
| MOP024   | FEE-FOR-SERVICE/ |                  | 1120 1101 |              |           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 220      | 2001      | -        | 03/14/05   |
| SACRAMENTO COUNTY                                      | SUMMARY OF SERVI |                  | ROGRAM    | - INFANTS    | AID CODES | 5 47 69                                 |          |           |          | 00/11/00   |
|  |                  | .020 1010 1000 1 | 110014111 | 111111111    | 1112 0022 |   | MONTE    | HLY AVERA | GE       |            |
| 7,790 ELIGIBLES  | USERS            | UNITS OF SERVIC  | E         | EXPENDITURES | AVERAGE ( | COST UNITS/DA                           |          |           |          | COST PER   |
| ., =======   |                  | OR DAYS OF CAR   |           |              |           | DAY PER ELI                             |          | USER      |          | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL                              | 645              | 2,486            | \$        | 1,495,796.55 | \$ 601.6  |   |          | 2319.06   |          | 192.01     |
| COMM HOSP INPATIENT TOTAL                              | 111              | 879              | '         | 1,421,706.35 | 1617.4    |   |          | 12808.17  |          | 182.50     |
| HSC HOSPITALS  | 101              | 751              |           | 1,261,970.00 | 1680.3    |   |          | 12494.75  |          | 162.00     |
| NON-HSC HOSPITALS TOTAL                                | 10               | 128              |           | 159,736.35   | 1247.9    |   |          | 15973.64  |          | 20.51      |
| ACCOMMODATIONS   | 10               | 128              |           | 136,660.90   | 1067.6    |   |          | 13666.09  |          | 17.54      |
| ADMINISTRATIVE DAYS                                    | 0                | 0                |           | .00          |           | 000.000                                 | -        | .00       |          | .00        |
| TRANSITIONAL IP CARE                                   | 0                | 0                |           | .00          |           | 000.000                                 |          | .00       |          | .00        |
| ALL OTHER ACCOM  | 10               | 128              |           | 136,660.90   | 1067.6    |   | 1        | 13666.09  |          | 17.54      |
| ANCILLARIES  | 9                | 0                |           | 23,075.45    |           | 000.000                                 |          | 2563.94   |          | 2.96       |
| INPATIENT CROSSOVERS                                   | 0                | 0                |           | .00          | . (       |   |          | .00       |          | .00        |
| ALL OTHER INPATIENT                                    | 0                | 0                |           | .00          |           | 000.000                                 |          | .00       |          | .00        |
| COMM HOSP OUTPATIENT TOTAL                             | 569              | 1,607            |           | 74,090.20    | 46.2      |   |          | 130.21    |          | 9.51       |
| MEDICAL  | 75               | 99               |           | 6,124.68     | 61.8      |   |          | 81.66     |          | .79        |
| SURGERY  | 22               | 28               |           | 2,204.12     | 78.       |   |          | 100.19    |          | .28        |
| PATHOLOGY  | 115              | 517              |           | 4,360.79     | 8.4       |   |          | 37.92     |          | .56        |
| RADIOLOGY  | 95               | 107              |           | 6,477.09     | 60.5      |   |          | 68.18     |          | .83        |
| ROOM USE   | 461              | 554              |           | 20,631.64    | 37.2      |   |          | 44.75     |          | 2.65       |
| CROSSOVERS/ALL OTH OUTPTNT                             | 148              | 302              |           | 34,291.88    | 113.5     |   |          | 231.70    |          | 4.40       |
| @STATE HOSPITAL  | 0                | 0                | \$        | .00          |           | 000.000                                 | Ċ        | .00       | Ċ        | .00        |
| MENTALLY ILL   | 0                | 0                | Y         | .00          |           | .000                                    | Y        | .00       | Y        | .00        |
| DEVELOP. DISABLED                                      | 0                | 0                |           | .00          |           | .000                                    |          | .00       |          | .00        |
| @NURSING FACILITY                                      | 0                | 0                | Ś         | .00          |           | .000                                    | ċ        | .00       | ċ        | .00        |
| LEV A-INTERMEDIATE                                     | 0                | 0                | Ą         | .00          |           | .000                                    | Ş        | .00       | Ą        | .00        |
| LEV B-REHAB MD   | 0                | 0                |           | .00          |           | .000                                    |          | .00       |          | .00        |
| LEV B-SUBACUTE FREESTANDING                            | 0                | 0                |           | .00          |           | .000                                    |          | .00       |          | .00        |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0                | 0                |           | .00          |           | .000                                    |          | .00       |          | .00        |
|  | 0                | 0                |           | .00          |           | .000                                    |          | .00       |          | .00        |
| LEV B-TRANSITIONAL IP CARE<br>LEV B-REGULAR            | 0                | 0                |           | .00          |           | .000                                    |          | .00       |          | .00        |
|  | 0                | 0                | ċ         |              |           | .000                                    | ċ        | .00       | ċ        |            |
| @INTERMEDIATE CARE FACILDD                             | 0                | 0                | \$        | .00          |           |   | Ş        |           | Þ        | .00        |
| ICF DDH  | 0                | 0                |           | .00          |           | .000                                    |          | .00       |          | .00        |
| ICF DD   | •                |                  |           | .00          |           | .000                                    |          | .00       |          | .00        |
| ICF DDN/DDCN   | 0                | 0                |           | .00          | . (       |   |          | .00       |          | .00        |
| @HEMODIALYSIS TOTAL                                    | 0                | 0                | \$        | .00          |           | .000                                    | Ş        | .00       | \$       | .00        |
| HOSPITAL BASED   | 0                | 0                |           | .00          | . (       |   |          | .00       |          | .00        |
| HEMODIALYSIS CENTER                                    | 0                | 0                | <b>A</b>  | .00          | . (       |   | <u>_</u> | .00       | <u>~</u> | .00        |
| @REHABILITATION FACILITY                               | 2                | 5                | \$        | 88.90        | \$ 17.7   |   | Ş        | 44.45     | \$       | .01        |
| HOSPITAL BASED   | 1                | 1                |           | 32.80        | 32.8      |   |          | 32.80     |          | .00        |
| INDEPENDENT FACILITY                                   | 1                | 4                | <b>A</b>  | 56.10        | 14.0      |   | <u>_</u> | 56.10     | <u>~</u> | .01        |
| @LABORATORY FACILITY                                   | 102              | 190              | \$        | 1,568.24     | \$ 8.2    |   | Ş        | 15.37     | \$       | .20        |
| PATHOLOGY  | 102              | 190              |           | 1,568.24     | 8.2       |   |          | 15.37     |          | .20        |
| XO AND OTHERS  | 0                | 0                |           | .00          | . (       | .000                                    |          | .00       |          | .00        |
|  |                  |                  |           |              |           |   |          |           |          |            |

| @ORGANIZED OUTPATIENT CLINIC  | 132               | 241 \$  | 12,750.89             | \$ 52.91       |               | 96.60                   | \$ 1.64     |
|---|-------------------|---|-----------------------|----------------|---------------|-------------------------|-------------|
| CLINIC  | 59                | 140   | 2 221 72              | 22 00          | .018          | 56.47                   | .43         |
| SURGICENTER   | 2                 | 1 4   | 517 24                | 36 95          | 002           | 258 62                  | 0.7         |
| HEDOIN DETOV CIINIC   | 0                 | 0   | 00                    | 00.95          | 000           | 00                      | 0.0         |
| DUDAL HEALTH CLINIC   | 71                | 0.7   | 0.001.00              | 100            | .000          | 105 20                  | 1 14        |
| SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV  | /1                | 8 /   | 8,901.93              | 102.32         | .011          | 125.38                  | 1.14        |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC   | ES AND EXPENDITURES   | MONTH-OF-PAYMENT R    | REPORT FOR JAN | 2004 THRU DEC | 2 2004                  | PAGE 10,584 |
| MOP024  | FEE-FOR-SERVICE   |   |                       |                |               |                         | 03/14/05    |
| SACRAMENTO COUNTY   | SUMMARY OF SERV   | ICES FOR 185% PROG  | RAM - INFANTS         | AID CODES 47   |               |                         |             |
|   |                   |   |                       |                | MON'          | THLY AVERA              | GE          |
| 7,790 ELIGIBLES   | USERS             | UNITS OF SERVICE  | EXPENDITURES          | AVERAGE COST   | UNITS/DAYS    | COST PER                | COST PER    |
| •   |                   |   |                       | PER UNIT/DAY   | PER ELIG      | USER                    | ELIGIBLE    |
| @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION   | 133               | 1,281 \$  |                       | \$ 17.35       |               | 167.12                  |             |
| DIDABLE MED FOULD   | 11                | 74  | 4,192.46              | 56 65          |               | 102.26                  | .54         |
| DUNABLE MED. EQUIF.   | 41                | 0   |                       | 56.65          | .009          |                         |             |
| BLOOD BANK  | U                 | U   | .00                   | .00            | .000          | .00                     | .00         |
| HEARING AID DISPENSERS  | 0                 | 0<br>578  | .00<br>11,049.58      | .00<br>19.12   | .000          | .00<br>256.97           | .00         |
| MEDICAL TRANSPORTATION  | 43                | 578   | 11,049.58             | 19.12          |               |                         |             |
| AMBULANCES/AIR TRANS  | 43                | 576   | 7,449.58              | 12.93          | .074          | 173.25                  | .96         |
| OTHER TRANS   | 0                 | 0   | .00                   | 0.0            | .000          | .00                     | .00         |
| OTHER SERVICES  | 2                 | 2   | 3,600.00              | 1800.00        | .000          | 1800.00                 | .46         |
| ACUPUNCTURE   | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| ADILLY DAY HEALTH CARE CTR  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| CENERIC DICEAGE RECRING   | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS | 0                 | 578 576 0 2 0 0 0 0 0 0 0 0 0 0 0 14 0 0 0 550 64 0 0 0 5,871 \$ \$ | .00                   |                | .000          | .00                     |             |
| THMC, MODEL-NF, NF, AIDS, MSSP  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| OCCUPATIONAL THERAPIST  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| OPTICIAN  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| PHYSICAL THERAPIST  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| PORTABLE X-RAY  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| PROSTHETIST/ORTHOTISTS  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| PROSTHETICS   | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| ODTHOTICS   | 0                 | 0   | .00                   |                |               |                         |             |
| DOVICIO   | 0                 | 1.4   | .00<br>374.84         | 26.77          | .000          | 93.71                   |             |
| PSYCHOLOGIST  | 4                 | 14  | 3/4.84                | 26.77          | .002          | 93.71                   | .05         |
| SPEECH AND AUDIOLOGY  | O                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| HOSPICE SERVICES  | 0                 | 0   | .00                   | .00            | . () () ()    | . ()()                  | .00         |
| HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE   | 0                 | 0   | .00                   | .00            | .000          | .00<br>109.57<br>941.12 | .00         |
| LOCAL EDUCATION AGENCIES  | 43                | 550   | 4,711.63              | 8.57           | .071          | 109.57                  | .60         |
| EPSDT SUPPLEMENTAL SERVICE  | 2                 | 64  | 1,882.24              | 29.41          | .008          | 941.12                  | .24         |
| RESPIRATORY CARE PRACT.   | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
| PED SUBACUTE REHAB/WEANING  | 0                 | 0   | .00                   | .00            | .000          | .00                     | .00         |
|   | 1                 | 1   | 15.93                 |                | .000          | 15.93                   | .00         |
| ALL UINER PROVIDERS   | 298               |   | 15.93<br>1,183,459.62 | 10.93          |               |                         |             |
| @CALIF. CHILDREN SERVICES*  | 298               | 5,8/1 \$  | 1,183,459.62          | \$ 201.58      |               |                         | \$ 151.92   |
| @XOVER EXCLUDING STATE HOSP**   | 0                 | 0 \$  | .00                   | \$ .00         | .000 \$       | .00                     | \$ .00      |
| 0* TOTALS IN THESE LINES ARE  | GIVEN AS A SEPAR  | RATE INFORMATION ITE  | M ONLY;               |                |               |                         |             |
| THE AMOUNTS ARE ALREADY IN  | ICLUDED IN THE AF | PROPRIATE DETAIL LI   | NES ABOVE.            |                |               |                         |             |
| ** THESE DATA ARE INCLUDED 1  | N THE APPROPRIAT  | 'E DETAIL LINES ABOV  | Ε.                    |                |               |                         |             |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC   | ES AND EXPENDITURES   | MONTH-OF-PAYMENT R    | REPORT FOR JAN | 2004 THRU DEC | 2004                    | PAGE 10,585 |
| MOP024  | FEE-FOR-SERVICE   |   |                       |                |               |                         | 03/14/05    |
|   |                   | ICES FOR 185% PROG  | DAM - DDECNAMT A      | ID CODES 11 19 | 2 / 0         |                         | 03/11/03    |
| SACKAMENTO COUNTI   | SOMMAKI OF SERV   | ICES FOR 105% FROG  | NAM FREGNANT A        | ID CODES 44 40 |               | ת מיינות איינות         | CE          |
| 24 200 ELTCIBLES  | HODDO             | INTEG OF CERTICS  | DADENDIMIES           | 717ED7CE CCC   | MON'          |                         |             |
| 24,390 ELIGIBLES  | USERS             | UNITS OF SERVICE  | EXPENDITURES          |                | UNITS/DAYS    |                         | COST PER    |
|   |                   | OR DAYS OF CARE   |                       | PER UNIT/DAY   |               | USER                    | ELIGIBLE    |
| @TOTAL, ALL PROVIDERS   | 20,804            | 120,780 \$  |                       | \$ 103.23      | 4.952 \$      | 599.30                  |             |
| @PHYSICIANS SERVICES  | 11,812            | 42,375 \$   | 3,284,984.42          | \$ 77.52       | 1.737 \$      | 278.11                  | \$ 134.69   |
| OUTPATIENT VISITS   | 6 <b>,</b> 958    | 16,910  | 694,947.73            | 41.10          | .693          | 99.88                   | 28.49       |
| OFFICE VISITS   | 1,877             | 2,243   | 105,205.49            | 46.90          | .092          | 56.05                   | 4.31        |
| HOME VISITS   | 0                 | _,0   | .00                   | .00            | .000          | .00                     | .00         |
| EMERGENCY ROOM  | 760               | 816   | 51,071.59             | 62.59          | .033          | 67.20                   | 2.09        |
| DESCRIPTION TOOM  | 700               | 010   | JI, U/I.J9            | 02.33          | .000          | 01.20                   | ∠.∪೨        |

| PREVENTIVE CARE            | 17             | 18              | 711.01           | 39.50       | .001 | 41.82       | .03         |
|----------------------------|----------------|-----------------|------------------|-------------|------|-------------|-------------|
| OB VISITS/COMPRE PERI      | 4,889          | 13,663          | 533,868.01       | 39.07       | .560 | 109.20      | 21.89       |
| OTHER OUTPATIENT           | 127            | 170             | 4,091.63         | 24.07       | .007 | 32.22       | .17         |
| INPATIENT VISITS           | 1,936          | 4,928           | 299,533.35       | 60.78       | .202 | 154.72      | 12.28       |
| HOSPITAL VISITS            | 1,863          | 3,883           | 168,454.73       | 43.38       | .159 | 90.42       | 6.91        |
| CRITICAL CARE              | 123            | 1,045           | 131,078.62       | 125.43      | .043 | 1065.68     | 5.37        |
| SNF/ICF/TRANS IP CARE      | 0              | 0               | .00              | .00         | .000 | .00         | .00         |
| OPHTHALMOLOGICAL SERVICES  | 3              | 3               | 139.32           | 46.44       | .000 | 46.44       | .01         |
| EXAMINATIONS               | 3              | 3               | 139.32           | 46.44       | .000 | 46.44       | .01         |
| SERVICES AND MATERIALS     | 0              | 0               | .00              | .00         | .000 | .00         | .00         |
| INPATIENT HOSPITAL SURGERY | 2,661          | 10,287          | 1,764,738.28     | 171.55      | .422 | 663.19      | 72.35       |
| PRINCIPAL SURGEON          | 1,838          | 1,989           | 1,494,217.69     | 751.24      | .082 | 812.96      | 61.26       |
| ASSISTANT SURGEON          | 314            | 314             | 57,094.36        | 181.83      | .013 | 181.83      | 2.34        |
| ANESTHESIOLOGIST           | 1,055          | 7,984           | 213,426.23       | 26.73       | .327 | 202.30      | 8.75        |
| OUTPATIENT SURGERY         | 774            | 1,425           | 100,428.10       | 70.48       | .058 | 129.75      | 4.12        |
| PRINCIPAL SURGEON          | 691            | 1,030           | 84,130.08        | 81.68       | .042 | 121.75      | 3.45        |
| ASSISTANT SURGEON          | 5              | 5               | 697.11           | 139.42      | .000 | 139.42      | .03         |
| ANESTHESIOLOGIST           | 219            | 390             | 15,600.91        | 40.00       | .016 | 71.24       | .64         |
| DIALYSIS                   | 0              | 0               | .00              | .00         | .000 | .00         | .00         |
| PATHOLOGY                  | 1,314          | 1,955           | 35,180.52        | 18.00       | .080 | 26.77       | 1.44        |
| RADIOLOGY                  | 3 <b>,</b> 586 | 4,807           | 321,116.27       | 66.80       | .197 | 89.55       | 13.17       |
| PSYCHIATRY                 | 0              | 0               | .00              | .00         | .000 | .00         | .00         |
| IMMUNIZATION AND INJECTION | 404            | 936             | 19,028.85        | 20.33       | .038 | 47.10       | .78         |
| OTHER SERVICES/ALL X-OVERS | 742            | 1,124           | 49,872.00        | 44.37       | .046 | 67.21       | 2.04        |
| @PHARMACY                  | 5 <b>,</b> 556 | 11,860          | \$<br>305,395.71 | \$<br>25.75 | .486 | \$<br>54.97 | \$<br>12.52 |
| PRESCRIPTION DRUGS         | 5 <b>,</b> 382 | 10 <b>,</b> 783 | 231,327.09       | 21.45       | .442 | 42.98       | 9.48        |
| SNF/ICF                    | 0              | 0               | .00              | .00         | .000 | .00         | .00         |
| OUTPATIENTS                | 5 <b>,</b> 382 | 10 <b>,</b> 783 | 231,327.09       | 21.45       | .442 | 42.98       | 9.48        |
| MEDICAL SUPPLIES           | 492            | 1,077           | 74,068.62        | 68.77       | .044 | 150.55      | 3.04        |
| @DENTIST                   | 61             | 203             | \$<br>-,         | \$<br>17.02 | .008 | \$<br>56.66 | \$<br>.14   |
| VISITS - DIAGNOSTIC        | 47             | 121             | 1,107.00         | 9.15        | .005 | 23.55       | .05         |
| ORAL SURGERY               | 12             | 21              | 455.00           | 21.67       | .001 | 37.92       | .02         |
|                            |                |                 |                  |             |      |             |             |

| DRUGS                        | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
|------------------------------|-----------------|---------------------|----------|------------------|-------|-------------|-------------|-----|-----------|-----|------------|
| ANESTHESIA                   | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| PERIODONTICS                 | 5               | 9                   |          | 55.00            |       | 6.11        | .000        |     | 11.00     |     | .00        |
| ENDODONTICS                  | 10              | 17                  |          | 735.00           |       | 43.24       | .001        |     | 73.50     |     | .03        |
| RESTORATIVE DENTISTRY        | 15              | 34                  |          | 1,104.00         |       | 32.47       | .001        |     | 73.60     |     | .05        |
| PROSTHETICS                  | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
|                              | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| DENTURES, STAYPLATES         | 0               |                     |          |                  |       |             |             |     |           |     |            |
| SPACE MAINTAINERS            | U               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| MAXILLOFACIAL SERVICES       | U               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| FRACTURES, DISLOCATIONS      | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| ORTHODONTIC SERVICES         | 1               | 1                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| ALL OTHER SERVICES           | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIO | CES AND EXPENDITURE | S MONT   | 'H-OF-PAYMENT RI | EPORT | ' FOR JAN 2 | 2004 THRU 1 | DEC | 2004      | P.  | AGE 10,586 |
| MOP024                       | FEE-FOR-SERVICE | E/DENTAL            |          |                  |       |             |             |     |           |     | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR 185% PRO   | GRAM -   | PREGNANT A       | ID CC | DES 44 48   | 49          |     |           |     |            |
|                              |                 |                     |          |                  |       |             | Mo          | TNC | HLY AVERA | .GE |            |
| 24,390 ELIGIBLES             | USERS           | UNITS OF SERVICE    |          | EXPENDITURES     | AVE   | RAGE COST   | UNITS/DAY   | 3   | COST PER  |     | COST PER   |
| 21,030 221012220             | 00210           | OR DAYS OF CARE     |          |                  |       | UNIT/DAY    |             |     | USER      |     | ELIGIBLE   |
| @OPTOMETRIST                 | 0               |                     | \$       | .00              | \$    | .00         | .000        | Ċ   | .00       |     | .00        |
| DIAGNOSTIC AND ANC. PROCED   | 0               | 0                   | Y        | .00              | Ÿ     | .00         | .000        | Y   | .00       | Y   | .00        |
|                              | 0               |                     |          |                  |       |             |             |     |           |     |            |
| EYE APPLIANCES               | •               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| OTHER OPTOMETRIC SERVICES    | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| @CHIROPRACTOR                | 0               |                     | \$       | .00              | \$    | .00         | .000        | Ş   | .00       | Ş   | .00        |
| VISITS                       | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| OTHER SERVICES               | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| @PODIATRIST                  | 1               | 1                   | \$       | 24.00            | \$    | 24.00       | .000        | \$  | 24.00     | \$  | .00        |
| MEDICINE/INJECTIONS          | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| SURGERY/ANES.                | 1               | 1                   |          | 24.00            |       | 24.00       | .000        |     | 24.00     |     | .00        |
| RADIO./PATHOLOGY             | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| OTHER                        | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| @HOME HEALTH AGENCY          | 25              | 80                  | Ś        | 5,407.31         | \$    | 67.59       | .003        | Ś   |           | \$  | .22        |
| NURSE ANESTHESIST            | 75              | 568                 | Ċ        | 11,370.78        | \$    | 20.02       |             | \$  | 151.61    |     | .47        |
| NURSE MIDWIFE                | 53              | 486                 | Ċ        | 15,443.36        | \$    | 31.78       |             | \$  | 291.38    | \$  | .63        |
| PEDIATRIC NURSE PRACTITIONER |                 | 1                   | ć        | 37.80            | \$    | 37.80       | .000        |     | 37.80     | \$  | .00        |
|                              | 3               | 6                   | <u>ې</u> |                  |       |             |             |     |           |     |            |
| FAMILY NURSE PRACTITIONER    |                 |                     | ې<br>د   | 203.90           | \$    | 33.98       | .000        |     | 67.97     |     | .01        |
| @TOTAL HOSPITAL              | 6,165           | 30,463              | Ş        | 7,995,814.91     |       | 262.48      |             | Þ   | 1296.97   | Ş   | 327.83     |
| HOSP INPATIENT TOTAL         | 1,957           | 5,639               |          | 7,512,517.63     |       | 1332.24     | .231        |     | 3838.79   |     | 308.02     |
| HSC HOSPITALS                | 1,907           | 5,417               |          | 7,306,097.21     |       | 1348.73     | .222        |     | 3831.20   |     | 299.55     |
| NON-HSC HOSPITAL TOTAL       | 51              | 222                 |          | 206,420.42       |       | 929.82      | .009        |     | 4047.46   |     | 8.46       |
| ACCOMMODATIONS               | 51              | 222                 |          | 90,480.93        |       | 407.57      | .009        |     | 1774.14   |     | 3.71       |
| ADMINISTRATIVE DAYS          | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| TRANSITIONAL IP CARE         | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| ALL OTHER ACCOM              | 51              | 222                 |          | 90,480.93        |       | 407.57      | .009        |     | 1774.14   |     | 3.71       |
| ANCILLARIES                  | 51              | 0                   |          | 115,939.49       |       | .00         | .000        |     | 2273.32   |     | 4.75       |
| INPATIENT CROSSOVERS         | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| ALL OTHER INPATIENT          | 0               | 0                   |          | .00              |       | .00         | .000        |     | .00       |     | .00        |
| HOSP OUTPATIENT TOTAL        | 5 <b>,</b> 396  | 24,824              |          | 483,297.28       |       | 19.47       | 1.018       |     | 89.57     |     | 19.82      |
| MEDICAL                      | 275             | 335                 |          | 9,270.33         |       | 27.67       | .014        |     | 33.71     |     | .38        |
| SURGERY                      | 596             | 1,047               |          | 27,033.51        |       | 25.82       | .043        |     | 45.36     |     | 1.11       |
|                              |                 |                     |          |                  |       |             |             |     |           |     |            |
| PATHOLOGY                    | 2,173           | 9,193               |          | 103,058.41       |       | 11.21       | .377        |     | 47.43     |     | 4.23       |
| RADIOLOGY                    | 937             | 1,124               |          | 69,804.08        |       | 62.10       | .046        |     | 74.50     |     | 2.86       |
| ROOM USE                     | 2,389           | 3,470               |          | 130,335.26       |       | 37.56       | .142        |     | 54.56     |     | 5.34       |
| CROSSOVERS/ALL OTH OUTPTNT   | -               | 9,655               |          | 143,795.69       |       | 14.89       | .396        |     | 48.45     |     | 5.90       |
| @COUNTY HOSPITAL TOTAL       | 59              |                     | \$       | 116,496.64       |       | 298.71      |             | \$  | 1974.52   | \$  | 4.78       |
| CO HOSPITAL INPATIENT TOTAL  | 18              | 96                  |          | 107,070.18       |       | 1115.31     | .004        |     | 5948.34   |     | 4.39       |
| HSC HOSPITALS                | 18              | 96                  |          | 107,070.18       |       | 1115.31     | .004        |     | 5948.34   |     | 4.39       |
|                              |                 |                     |          |                  |       |             |             |     |           |     |            |

| NON-HSC HOSPITALS TOTAL                     | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
|---|-----------------|--------------------|---------|------------------|-----------|--------|-----------|-----|-----------|----|------------|
| ACCOMMODATIONS                              | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| ADMINISTRATIVE DAYS                         | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| TRANSITIONAL IP CARE                        | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| ALL OTHER ACCOM                             | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| ANCILLARIES                                 | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| INPATIENT CROSSOVERS                        | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| ALL OTHER INPATIENT                         | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| CO HOSP OUTPATIENT TOTAL                    | 51              | 294                |         | 9,426.46         | 3′        | 2.06   | .012      |     | 184.83    |    | .39        |
| MEDICAL                                     | 2               | 2                  |         | 257.14           |           | 3.57   | .000      |     | 128.57    |    | .01        |
| SURGERY                                     | 15              | 27                 |         | 787.60           |           | 9.17   | .001      |     | 52.51     |    | .03        |
| PATHOLOGY                                   | 27              | 123                |         | 2,418.56         |           | 9.66   | .005      |     | 89.58     |    | .10        |
| RADIOLOGY                                   | 5               | 5                  |         | 465.62           |           | 3.12   | .000      |     | 93.12     |    | .02        |
| ROOM USE                                    | 21              | 60                 |         | 3,643.23         |           | ).72   | .002      |     | 173.49    |    | .15        |
| CROSSOVERS/ALL OTH OUTPTNT                  |                 | 77                 |         | 1,854.31         |           | 1.08   | .002      |     | 52.98     |    | .08        |
| #CALIF DEPT OF HEALTH SERV                  |                 | CES AND EXPENDITUE | DEC MO  |                  |           |        |           | חבר |           | ъ  | AGE 10,587 |
| MOP024                                      | FEE-FOR-SERVICE |                    | KES MO. | NIH-OF-FAIMENI K | EFORI FOI | VOAN   | 2004 INKO | DEC | , 2004    | Г  | 03/14/05   |
| SACRAMENTO COUNTY                           |                 | VICES FOR 185% PI  |         | - DDECNAME A     | ID CODES  | 11 10  | 10        |     |           |    | 03/14/03   |
| SACRAMENTO COUNTT                           | SUMMARI OF SER  | VICES FOR 105% FI  | NOGRAM  | - FREGNANI A     | ID CODES  | 44 40  |           |     | HLY AVERA | CE |            |
| 24,390 ELIGIBLES                            | USERS           | UNITS OF SERVICE   | 7       | EXPENDITURES     | ATTEDACI  | r COST | UNITS/DAY |     | COST PER  |    | COST PER   |
| 24,390 EDIGIBLES                            | 025172          | OR DAYS OF CAR     |         | EXFENDITORES     |           |        | PER ELIG  |     | USER      |    | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL                   | 6,108           | 30,073             | \$      | 7,879,318.27     | \$ 262    |        |           |     | 1290.00   |    | 323.06     |
| COMM HOSP INPATIENT TOTAL                   | 1,939           | 5,543              | Ÿ       | 7,405,447.45     | 1336      |        | .227      | Y   | 3819.21   | Ÿ  | 303.63     |
| HSC HOSPITALS                               | 1,889           | 5,343<br>5,321     |         | 7,199,027.03     | 1352      |        | .218      |     | 3811.03   |    | 295.16     |
| NON-HSC HOSPITALS TOTAL                     | 51              | 222                |         | 206,420.42       |           | 9.82   | .009      |     | 4047.46   |    | 8.46       |
| ACCOMMODATIONS                              | 51              | 222                |         | 90,480.93        |           | 7.57   | .009      |     | 1774.14   |    | 3.71       |
| ACCOMMODATIONS ADMINISTRATIVE DAYS          | 0               | 0                  |         | .00              | 40        | .00    | .000      |     | .00       |    | .00        |
| TRANSITIONAL IP CARE                        | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| ALL OTHER ACCOM                             | 51              | 222                |         | 90,480.93        | 40"       | 7.57   | .009      |     | 1774.14   |    | 3.71       |
| ANCILLARIES                                 | 51              | 0                  |         | 115,939.49       | 40        | .00    | .000      |     | 2273.32   |    | 4.75       |
| INPATIENT CROSSOVERS                        | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| ALL OTHER INPATIENT                         | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| COMM HOSP OUTPATIENT TOTAL                  | 5 <b>,</b> 346  | 24,530             |         | 473,870.82       |           | 9.32   | 1.006     |     | 88.64     |    | 19.43      |
| MEDICAL                                     | 273             | 333                |         | 9,013.19         |           | 7.07   | .014      |     | 33.02     |    | .37        |
| SURGERY                                     | 581             | 1,020              |         | 26,245.91        |           | 5.73   | .042      |     | 45.17     |    | 1.08       |
| PATHOLOGY                                   | 2 <b>,</b> 147  | 9,070              |         | 100,639.85       |           | L.10   | .372      |     | 46.87     |    | 4.13       |
| RADIOLOGY                                   | 932             | 1,119              |         | 69,338.46        |           | 1.10   | .046      |     | 74.40     |    | 2.84       |
| ROOM USE                                    | 2,368           | 3,410              |         | 126,692.03       |           | 7.15   | .140      |     | 53.50     |    | 5.19       |
|   | •               | 9,578              |         | 141,941.38       |           | 1.82   | .393      |     | 48.39     |    | 5.82       |
| CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL  | 2,933<br>0      | 9,370              | \$      | .00              | \$        | .00    | .000      | ċ   | .00       | ċ  | .00        |
| MENTALLY ILL                                | 0               | 0                  | Ą       | .00              | ş         | .00    | .000      | Ą   | .00       | Ą  | .00        |
| DEVELOP. DISABLED                           | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| @NURSING FACILITY                           | 0               | 0                  | Ś       | .00              | \$        | .00    | .000      | ċ   | .00       | ċ  | .00        |
| LEV A-INTERMEDIATE                          | 0               | 0                  | Ÿ       | .00              | ې         | .00    | .000      | ۲   | .00       | ۲  | .00        |
|   | 0               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| LEV B-REHAB MD                              | U               | U                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| LEV B-SUBACUTE FREESTANDING                 | U               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| LEV B-SUBACUTE HSPTL BASED                  | U               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| LEV B-TRANSITIONAL IP CARE                  | U               | 0                  |         | .00              |           | .00    | .000      |     | .00       |    | .00        |
| LEV B-REGULAR<br>@INTERMEDIATE CARE FACILDD | U               | 0                  | \$      | .00              | \$        | .00    | .000      | \$  |           | \$ | .00        |
| GINTERMEDIATE CARE FACILDD                  | 0               | 0                  | Ą       | .00              | ې         | .00    | .000      | Ą   | .00       | Ą  | .00        |

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@HEMODIALYSIS TOTAL

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HOSPITAL BASED

ICF DD

|  |                  |   |                | 0.0  |  | 0.0            | 0.0         |   | 0.0  |      | 0.0        |
|--|------------------|---|----------------|--|--|----------------|-------------|---|--|------|------------|
| @REHABILITATION FACILITY   | 0                | 0   | Ş              | .00  | Ş  | .00            | .000        | ) \$                                    | .00  |      | .00        |
| @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY  | Ü                | Ü   |                | 226,457.23<br>226,445.83<br>11.40<br>493,900.72<br>427,553.04<br>13,449.88 |  | .00            | .000        | )                                       |  |      | .00        |
| INDEPENDENT FACILITY   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| @LABORATORY FACILITY   | 6 <b>,</b> 543   | 17,365  | \$             | 226,457.23   | \$                                       | 13.04          | .712        | 2 \$                                    | 34.61                                      |      |            |
| PATHOLOGY<br>XO AND OTHERS   | 6 <b>,</b> 542   | 17 <b>,</b> 364   |                | 226,445.83   |  | 13.04          | .712        | 2                                       |  |      | 9.28       |
| XO AND OTHERS  | 1                | 1   |                | 11.40  |  | 11.40          | .000        | )                                       |  |      | .00        |
| @ORGANIZED OUTPATIENT CLINIC   | 3,030            | 14,555  | \$             | 493,900.72   | \$                                       | 33.93          | .597        | 7 \$                                    | 163.00                                     | \$   | 20.25      |
| CLINIC   | 2,729            | 13,656  |                | 427,553.04   |  | 31.31          | .560        |   | 156.67                                     |      | 17.53      |
| SURGICENTER  | 88               | 503   |                | 13,449.88  |  | 26.74          | .023        | 1                                       | 152.84                                     |      | .55        |
| HEROIN DETOX CLINIC  | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| XO AND OTHERS  @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC   | 214              | 396   |                | 52,897.80  |  | 133.58         | .01         | 6                                       | 247.19                                     |      |            |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIC  | ES AND EXPENDITU  |                |  |  |                |             |   |  |      |            |
| MOP024   | FEE-FOR-SERVICE  | L/DENTAL  |                | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                    | 01(1                                     | 1010 01110 2   | 2001 1111   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2001                                       |      | 03/14/05   |
| MOP024<br>SACRAMENTO COUNTY  | SIMMARY OF SERV  | TORS FOR 185% D   | ROCRAM         | - PRECNANT A   | TD CC                                    | DFS 44 48      | 1 Q         |   |  |      | 03/11/03   |
| SACRAMENTO COUNTY  | SUMMANI OF SERV  | TCES FOR 105% F   | MAZIOOZ        | FREGNANT A   | LD CC                                    | 7DE5 44 40     |             | MONT                                    | THLY AVERA                                 | CF - |            |
| 24,390 ELIGIBLES   | HCEDC            | INTER OF CERTIC   | 7              | EADENDIMIDEC   | 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7 | DACE COCH      |             |   |  |      | COST PER   |
|  | USERS            | UNITS OF SERVICE  | _              | EXPENDITORES   | AVE                                      | RAGE COSI      | ONIIS/DA    | 412                                     | COSI PER                                   |      |            |
| @ALL OTHER PROVIDERS   | 1 140            | OR DAYS OF CAR<br>2,817   | <u>.</u>       | 105 300 30   | PER                                      | UNIT/DAY       | PEK EL.     |   |  |      | ELIGIBLE   |
| GALL OTHER PROVIDERS   | 1,140            | Z,81/   | Ş              | 125,392.29   | Ş  | 44.51          | .113        |   | 109.99                                     |      |            |
| DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS  | 4                | 7   | ۲              | 370.98<br>.00<br>.00<br>18,248.74<br>18,228.98                             |  | 53.00          | .000        | )                                       | 92.75                                      |      | .02        |
| BLOOD BANK   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| HEARING AID DISPENSERS   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00<br>112.65<br>112.52                    |      | .00        |
| MEDICAL TRANSPORTATION   | 162              |   |                | 18,248.74  |  | 17.65          | .042        | 2                                       | 112.65                                     |      | .75        |
| AMBULANCES/AIR TRANS   | 162              | 1,032   |                | 18,228.98  |  | 17.66          | .042        | 2                                       | 112.52                                     |      | .75        |
| OTHER TRANS  | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| OTHER SERVICES   | 2                | 2   |                | 19.76  |  | 9.88           | .000        | )                                       | .00<br>9.88                                |      | .00        |
| ACUPUNCTURE  | 0                | 0   |                | .00  |  | .00            | .000        |   | .00  |      |            |
| ADULT DAY HEALTH CARE CTR  | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| GENETIC DISEASE TESTING  | 924              | 925   |                | 97.077.00  |  | 104.95         | . 0.38      | 3                                       | .00<br>105.06                              |      | 3.98       |
| THMC.MODEL-NF.NF.AIDS.MSSP   | 0                | 0   |                | 00   |  | 0.0            | 000         | )                                       | 00   |      | .00        |
| OCCUPATIONAL THERAPIST   | 0                | 0   |                | 0.0  |  | 00             | 000         | )                                       | .00  |      | .00        |
| OPTICIAN   | 0                | 0   |                | .00  |  | .00            | .000        | )<br>)                                  | .00<br>.00<br>.00<br>.00<br>89.42<br>89.42 |      | .00        |
| DIVETONI MUEDADICE   | 0                | 0   |                | .00  |  | .00            | .000        | )<br>)                                  | .00  |      | .00        |
| PODEADLE V DAV   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| PDOGMUENT ON /ODMUONT ONG  | 4.4              | 0<br>4 E  |                | 2 024 21   |  | 07.43          | .000        | )                                       | .00  |      | .16        |
| PROSTHETIST/ORTHOTISTS   | 44               | 45  |                | 3,934.31   |  | 87.43          | .002        | _                                       | 89.42                                      |      | .16        |
| PROSTHETICS  | 4 4              | 45  |                | 3,934.31   |  | 87.43          | .002        | 2                                       | 89.42                                      |      | .16        |
| ORTHOTICS  | Ü                | Ü   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| PSYCHOLOGIST   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      |            |
| SPEECH AND AUDIOLOGY   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE | 0                | 1,034 1,032 0 2 0 0 925 0 0 0 0 45 45 45 0 0 0 0 801 4,402 2 RATE INFORMATION |                | .00  |  | .00            | .000        | )                                       | .00<br>1106.68                             |      | .00        |
| NONINST BIRTHING CENTERS   | 5                | 5   |                | 5 <b>,</b> 533.40  |  | 1106.68        | .000        | )                                       | 1106.68                                    |      | .23        |
| LOCAL EDUCATION AGENCIES   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       |  |      | .00        |
| EPSDT SUPPLEMENTAL SERVICE   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| RESPIRATORY CARE PRACT.  | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| PED SUBACUTE REHAB/WEANING   | 0                | 0   |                | .00  |  | .00            | .000        | )                                       | .00  |      | .00        |
| ALL OTHER PROVIDERS  | 4                | 801   |                | 227.86   |  | .28            | .033        | 3                                       | 56.97                                      |      | .01        |
| QCALIF, CHILDREN SERVICES*   | 94               | 4.402   | Ś              | 755,955,52   | Ś  | 171.73         | . 180       |   | 8042.08                                    |      | 30.99      |
| @XOVER EXCLUDING STATE HOSP**  | 2                | 2   | Ś              | 21.22  | Ś  | 10.61          | . 000       |   | 10.61                                      |      |            |
| @* TOTALS IN THESE LINES ARE   | CTVFN AS A SEDAE | PATE INFORMATION  | י<br>דיד⊑או ∩ו | MT.V•  | Ψ  | 10.01          | • • • •     | 7 7                                     | 10.01                                      | т    | • 0 0      |
| THE AMOUNTS ARE ALREADY IN   |                  |   |                |  |  |                |             |   |  |      |            |
| ** THESE DATA ARE INCLUDED I   |                  |   |                | 17D  |  |                |             |   |  |      |            |
|  |                  |   |                | MTU_OF_DAVMENT D   |  | י די ס דא אז י | ימיות אחמים | I DEC                                   | 2004                                       | ים   | AGE 10,589 |
|  |                  | CES AND EXPENDITU   | VEO MOI        | NID-OF-PAIMENT K   | .cruk'l                                  | . ruk JAN 2    | 2004 THRU   | שושע ע                                  | 2004                                       | PF   | •          |
| MOPO24   | FEE-FOR-SERVICE  |   | DOCE :         | DECCESSION DECCESSION  |  | 7 TD CODE      | 7.0         |   |  |      | 03/14/05   |
| SACRAMENTO COUNTY  | SUMMAKY OF SERV  | ICES FOR 60-DAY   | PUST .         | PAKTUM PROGRAM   |  | AID CODE       |             | 1403                                    |  | C.E. |            |
| 14   |                  |   | _              |  |  | D. C           |             |   | THLY AVERA                                 |      |            |
| 14 ELIGIBLES   | USERS            | UNITS OF SERVICE  |                | EXPENDITURES   |  | RAGE COST      |             |   |  |      | COST PER   |
|  |                  | OR DAYS OF CAR  | 41             |  | PHE                                      | YAC/TIMII :    | PER ET.     | I (÷                                    | USER                                       | T.   | TITGIBLE   |

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

| @TOTAL, ALL PROVIDERS      | 9                | 38                | \$    | 1,106.77           | \$    | 29.13      | 2.714         | \$   | 122.97    | \$ 7   | 9.06   |
|----------------------------|------------------|-------------------|-------|--------------------|-------|------------|---------------|------|-----------|--------|--------|
| @PHYSICIANS SERVICES       | 2                | 10                | Ś     | 239.07             | \$    | 23.91      | .714          | \$   | 119.54    |        | 7.08   |
| OUTPATIENT VISITS          | 1                | 1                 | ٧     | 24.00              | Y     | 24.00      | .071          | Y    | 24.00     |        | 1.71   |
| OFFICE VISITS              | 1                | 1                 |       | 24.00              |       | 24.00      | .071          |      | 24.00     |        | 1.71   |
|                            | 1                | T                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| HOME VISITS                | 0                | 0                 |       |                    |       |            |               |      |           |        |        |
| EMERGENCY ROOM             | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| PREVENTIVE CARE            | Ü                | U                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| OB VISITS/COMPRE PERI      | Ü                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| OTHER OUTPATIENT           | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| INPATIENT VISITS           | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| HOSPITAL VISITS            | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| CRITICAL CARE              | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| SNF/ICF/TRANS IP CARE      | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| OPHTHALMOLOGICAL SERVICES  | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| EXAMINATIONS               | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| SERVICES AND MATERIALS     | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| INPATIENT HOSPITAL SURGERY | 1                | 8                 |       | 188.01             |       | 23.50      | .571          |      | 188.01    | 1      | 3.43   |
| PRINCIPAL SURGEON          | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| ASSISTANT SURGEON          | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| ANESTHESIOLOGIST           | 1                | 8                 |       | 188.01             |       | 23.50      | .571          |      | 188.01    | 1      | 3.43   |
| OUTPATIENT SURGERY         | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
|                            | 0                | 0                 |       | .00                |       |            | .000          |      | .00       |        |        |
| PRINCIPAL SURGEON          | 0                | 0                 |       |                    |       | .00        |               |      |           |        | .00    |
| ASSISTANT SURGEON          | 0                | U                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| ANESTHESIOLOGIST           | U                | U                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| DIALYSIS                   | U                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| PATHOLOGY                  | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| RADIOLOGY                  | 1                | 1                 |       | 27.06              |       | 27.06      | .071          |      | 27.06     |        | 1.93   |
| PSYCHIATRY                 | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| IMMUNIZATION AND INJECTION | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| OTHER SERVICES/ALL X-OVERS | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| @PHARMACY                  | 1                | 1                 | \$    | 17.55              | \$    | 17.55      | .071          | \$   | 17.55     | \$     | 1.25   |
| PRESCRIPTION DRUGS         | 1                | 1                 |       | 17.55              |       | 17.55      | .071          |      | 17.55     |        | 1.25   |
| SNF/ICF                    | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| OUTPATIENTS                | 1                | 1                 |       | 17.55              |       | 17.55      | .071          |      | 17.55     |        | 1.25   |
| MEDICAL SUPPLIES           | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| @DENTIST                   | 0                | Ő                 | \$    | .00                | \$    | .00        | .000          | Ś    | .00       | Ś      | .00    |
| VISITS - DIAGNOSTIC        | 0                | 0                 | т     | .00                | Τ     | .00        | .000          | т    | .00       | 7      | .00    |
| ORAL SURGERY               | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| DRUGS                      | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| ANESTHESIA                 | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
|                            | 0                | 0                 |       |                    |       |            |               |      |           |        |        |
| PERIODONTICS               | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| ENDODONTICS                | U                | U                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| RESTORATIVE DENTISTRY      | 0                | Ü                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| PROSTHETICS                | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| DENTURES, STAYPLATES       | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| SPACE MAINTAINERS          | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| MAXILLOFACIAL SERVICES     | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| FRACTURES, DISLOCATIONS    | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| ORTHODONTIC SERVICES       | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| ALL OTHER SERVICES         | 0                | 0                 |       | .00                |       | .00        | .000          |      | .00       |        | .00    |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITURE | ES MO | ONTH-OF-PAYMENT RE | EPORT |            |               | DEC  |           | PAGE   | 10,590 |
| MOP024                     | FEE-FOR-SERVICE/ |                   |       |                    |       |            | _             | _    |           |        | /14/05 |
| SACRAMENTO COUNTY          |                  | ICES FOR 60-DAY I | POST  | PARTUM PROGRAM     |       | AID CODE   | 76            |      |           |        |        |
|                            |                  |                   |       |                    |       | 0000       |               | иОИТ | HLY AVERA | GE     |        |
| 14 ELIGIBLES               | USERS            | UNITS OF SERVICE  |       | EXPENDITURES       | Z 175 | RAGE COST  |               |      |           | COST   |        |
| TT TITULD                  | ONEINO           | OR DAYS OF CARE   |       | EVITIONTIONES      |       | R UNIT/DAY |               |      | USER      | ELIG   |        |
|                            |                  | ON DAIS OF CARE   |       |                    | rbR   | CONTI/DWI  | E 1117 (1117) | ,    | OULK      | ى دىدى | топъ   |

| @OPTOMETRIST                 | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
|------------------------------|---|---|-----------|-----------|------|-----------|-----------|
| DIAGNOSTIC AND ANC. PROCED   | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| EYE APPLIANCES               | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| OTHER OPTOMETRIC SERVICES    | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @CHIROPRACTOR                | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| VISITS                       | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| OTHER SERVICES               | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @PODIATRIST                  | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| MEDICINE/INJECTIONS          | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| SURGERY/ANES.                | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| RADIO./PATHOLOGY             | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| OTHER                        | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @HOME HEALTH AGENCY          | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| NURSE ANESTHESIST            | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| NURSE MIDWIFE                | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| PEDIATRIC NURSE PRACTITIONER | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| FAMILY NURSE PRACTITIONER    | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| @TOTAL HOSPITAL              | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| HOSP INPATIENT TOTAL         | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| HSC HOSPITALS                | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| NON-HSC HOSPITAL TOTAL       | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ACCOMMODATIONS               | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ADMINISTRATIVE DAYS          | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| TRANSITIONAL IP CARE         | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ALL OTHER ACCOM              | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ANCILLARIES                  | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| INPATIENT CROSSOVERS         | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ALL OTHER INPATIENT          | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| HOSP OUTPATIENT TOTAL        | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| MEDICAL                      | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| SURGERY                      | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PATHOLOGY                    | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
|                              |   |   |           |           |      |           |           |

| RADIOLOGY                   | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
|-----------------------------|--------------------------|------------|-------------------------|-------------|----------------|------------|-------------|
| ROOM USE                    | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPTNT  | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| @COUNTY HOSPITAL TOTAL      | 0                        | 0 \$       | .00 \$                  | .00         | .000 \$        | .00        | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| HSC HOSPITALS               | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| ACCOMMODATIONS              | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| ALL OTHER ACCOM             | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| ANCILLARIES                 | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| ALL OTHER INPATIENT         | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| MEDICAL                     | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| SURGERY                     | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| PATHOLOGY                   | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| RADIOLOGY                   | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| ROOM USE                    | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPINT  | 0                        | 0          | .00                     | .00         | .000           | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT REPORT | r for Jan 2 | 004 THRU DEC   | 2004       | PAGE 10,591 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |            |                         |             |                |            | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | 60-DAY POS | ST PARTUM PROGRAM       | AID CODE    | 76             |            |             |
|                             |                          |            |                         |             | MONTH          | HLY AVERAG | E           |
| 14 FITCIDIES                | HOEDO INTEO OF           | CEDITECE   | EXPENDIBLE ATT          | TDACE COOM  | TINITED / DAVO | OGE DED    | COCH DED    |

|                             |       |                  |              |              | MON7       | HLY AVERAGE |          |
|-----------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 14 ELIGIBLES                | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                             |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$      | .00      |
| COMM HOSP INPATIENT TOTAL   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| HSC HOSPITALS               | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| NON-HSC HOSPITALS TOTAL     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ACCOMMODATIONS              | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ADMINISTRATIVE DAYS         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| TRANSITIONAL IP CARE        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER ACCOM             | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ANCILLARIES                 | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| INPATIENT CROSSOVERS        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER INPATIENT         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| MEDICAL                     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| SURGERY                     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PATHOLOGY                   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| RADIOLOGY                   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ROOM USE                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| CROSSOVERS/ALL OTH OUTPINT  | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| @STATE HOSPITAL             | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$      | .00      |
| MENTALLY ILL                | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| DEVELOP. DISABLED           | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| @NURSING FACILITY           | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$      | .00      |
| LEV A-INTERMEDIATE          | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LEV B-REHAB MD              | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LEV B-SUBACUTE HSPTL BASED  | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LEV B-TRANSITIONAL IP CARE  | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LEV B-REGULAR               | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| @INTERMEDIATE CARE FACILDD  | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$      | .00      |

| ICF DDH                      | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
|------------------------------|------------------------|------------|---------------|----------|--------|----------|-----------|------|-----------|-------|------------|
| ICF DD                       | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| ICF DDN/DDCN                 | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| @HEMODIALYSIS TOTAL          | 0                      | 0          | \$            | .00      | \$     | .00      | .000      | \$   | .00       | \$    | .00        |
| HOSPITAL BASED               | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| HEMODIALYSIS CENTER          | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| @REHABILITATION FACILITY     | 0                      | 0          | \$            | .00      | \$     | .00      | .000      | \$   | .00       | \$    | .00        |
| HOSPITAL BASED               | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| INDEPENDENT FACILITY         | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| @LABORATORY FACILITY         | 4                      | 6          | \$            | 53.69    | \$     | 8.95     | .429      | \$   | 13.42     | \$    | 3.84       |
| PATHOLOGY                    | 4                      | 6          |               | 53.69    | )      | 8.95     | .429      |      | 13.42     |       | 3.84       |
| XO AND OTHERS                | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 3                      | 21         | \$            | 796.46   | \$     | 37.93    | 1.500     | \$   | 265.49    | \$    | 56.89      |
| CLINIC                       | 3                      | 21         |               | 796.46   |        | 37.93    | 1.500     |      | 265.49    |       | 56.89      |
| SURGICENTER                  | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| HEROIN DETOX CLINIC          | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| RURAL HEALTH CLINIC          | 0                      | 0          |               | .00      |        | .00      | .000      |      | .00       |       | .00        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND  | EXPENDITUR | RES MONTH-OF- | -PAYMENT | REPORT | FOR JAN  | 2004 THRU | DEC  | 2004      | P7    | AGE 10,592 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL |            |               |          |        |          |           |      |           |       | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FO | R 60-DAY   | POST PARTUM   | PROGRAM  |        | AID CODE | 76        |      |           |       |            |
|                              |                        |            |               |          |        |          |           | TNOM | HLY AVERA | .GE - |            |
|                              |                        |            |               |          |        |          |           |      |           |       |            |

| 14 ELIGIBLES                   | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|--------------------------------|-------|------------------|--------------|--------------|------------|----------|----------|
|                                |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER     | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00      | \$ .00   |
| DURABLE MED. EQUIP.            | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| BLOOD BANK                     | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| HEARING AID DISPENSERS         | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| MEDICAL TRANSPORTATION         | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| AMBULANCES/AIR TRANS           | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| OTHER TRANS                    | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| OTHER SERVICES                 | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| ACUPUNCTURE                    | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| GENETIC DISEASE TESTING        | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| OCCUPATIONAL THERAPIST         | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| OPTICIAN                       | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| PHYSICAL THERAPIST             | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| PORTABLE X-RAY                 | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| PROSTHETICS                    | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| ORTHOTICS                      | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| PSYCHOLOGIST                   | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| SPEECH AND AUDIOLOGY           | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| HOSPICE SERVICES               | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| NONINST BIRTHING CENTERS       | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| LOCAL EDUCATION AGENCIES       | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| RESPIRATORY CARE PRACT.        | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| ALL OTHER PROVIDERS            | 0     | 0                | .00          | .00          | .000       | .00      | .00      |
| @CALIF. CHILDREN SERVICES*     | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00      | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**  | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00      | \$ .00   |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

| SACRAMENTO COUNTY          | SUMMARY OF SERV | VICES FOR 185% AND | 00- | -DAY PP TOTAL, COL  | DES 44 47 48 45 | 9 69 76 |              | CE |          |
|----------------------------|-----------------|--------------------|-----|---------------------|-----------------|---------|--------------|----|----------|
| 20 104 51 5655 56          |                 |                    |     |                     |                 |         | ONTHLY AVERA |    |          |
| 32,194 ELIGIBLES           | USERS           | UNITS OF SERVICE   |     | EXPENDITURES        | AVERAGE COST    |         |              |    | COST PER |
| _                          |                 | OR DAYS OF CARE    |     |                     | PER UNIT/DAY    |         | USER         |    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 24,060          | 132,925            | \$  | 14,514,065.31       | \$ 109.19       | 4.129   |              |    | 450.83   |
| @PHYSICIANS SERVICES       | 13,892          | 48,323             | \$  | 3,644,199.16        | \$ 75.41        | 1.501   |              | \$ | 113.19   |
| OUTPATIENT VISITS          | 8,648           | 19 <b>,</b> 078    |     | 769 <b>,</b> 801.08 | 40.35           | .593    | 89.01        |    | 23.91    |
| OFFICE VISITS              | 3 <b>,</b> 184  | 3 <b>,</b> 916     |     | 160,510.48          | 40.99           | .122    | 50.41        |    | 4.99     |
| HOME VISITS                | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| EMERGENCY ROOM             | 1,008           | 1,077              |     | 64,652.48           | 60.03           | .033    | 64.14        |    | 2.01     |
| PREVENTIVE CARE            | 31              | 32                 |     | 1,154.67            | 36.08           | .001    | 37.25        |    | .04      |
| OB VISITS/COMPRE PERI      | 4,889           | 13,663             |     | 533,868.01          | 39.07           | .424    | 109.20       |    | 16.58    |
| OTHER OUTPATIENT           | 305             | 390                |     | 9,615.44            | 24.65           | .012    | 31.53        |    | .30      |
| INPATIENT VISITS           | 2,202           | 6,695              |     | 488,154.82          | 72.91           | .208    | 221.69       |    | 15.16    |
| HOSPITAL VISITS            | 2,093           | 4,676              |     | 209,172.34          | 44.73           | .145    | 99.94        |    | 6.50     |
| CRITICAL CARE              | 202             | 2,019              |     | 278,982.48          | 138.18          | .063    | 1381.10      |    | 8.67     |
| SNF/ICF/TRANS IP CARE      | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
|                            | 29              | 44                 |     |                     | 46.39           | .001    | 70.38        |    | .06      |
| OPHTHALMOLOGICAL SERVICES  | 29              | 44                 |     | 2,041.08            |                 |         |              |    |          |
| EXAMINATIONS               |                 |                    |     | 2,041.08            | 46.39           | .001    | 70.38        |    | .06      |
| SERVICES AND MATERIALS     | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| INPATIENT HOSPITAL SURGERY | 2,707           | 10,575             |     | 1,797,791.95        | 170.00          | .328    | 664.13       |    | 55.84    |
| PRINCIPAL SURGEON          | 1,869           | 2,033              |     | 1,519,586.41        | 747.46          | .063    | 813.05       |    | 47.20    |
| ASSISTANT SURGEON          | 316             | 316                |     | 57 <b>,</b> 934.32  | 183.34          | .010    | 183.34       |    | 1.80     |
| ANESTHESIOLOGIST           | 1,075           | 8,226              |     | 220,271.22          | 26.78           | .256    | 204.90       |    | 6.84     |
| OUTPATIENT SURGERY         | 826             | 1,644              |     | 113,376.53          | 68.96           | .051    | 137.26       |    | 3.52     |
| PRINCIPAL SURGEON          | 730             | 1,077              |     | 91,972.47           | 85.40           | .033    | 125.99       |    | 2.86     |
| ASSISTANT SURGEON          | 5               | 5                  |     | 697.11              | 139.42          | .000    | 139.42       |    | .02      |
| ANESTHESIOLOGIST           | 237             | 562                |     | 20,706.95           | 36.85           | .017    | 87.37        |    | .64      |
| DIALYSIS                   | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| PATHOLOGY                  | 1,369           | 2,385              |     | 41,319.30           | 17.32           | .074    | 30.18        |    | 1.28     |
| RADIOLOGY                  | 3,833           | 5,398              |     | 337,513.13          | 62.53           | .168    | 88.05        |    | 10.48    |
| PSYCHIATRY                 | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| IMMUNIZATION AND INJECTION | 417             | 958                |     | 20,730.68           | 21.64           | .030    | 49.71        |    | .64      |
| OTHER SERVICES/ALL X-OVERS | 932             | 1,546              |     | 73,470.59           | 47.52           | .048    | 78.83        |    | 2.28     |
| @PHARMACY                  | 6,568           | 13,600             | \$  | 372 <b>,</b> 067.52 | \$ 27.36        | .422    | \$ 56.65     | Ś  | 11.56    |
| PRESCRIPTION DRUGS         | 6,381           | 12,372             |     | 296,566.24          | 23.97           | .384    | 46.48        | ·  | 9.21     |
| SNF/ICF                    | 2               | ,                  |     | 388.99              | 64.83           | .000    | 194.50       |    | .01      |
| OUTPATIENTS                | 6,381           | 12,366             |     | 296,177.25          | 23.95           | .384    | 46.42        |    | 9.20     |
| MEDICAL SUPPLIES           | 531             | 1,228              |     | 75,501.28           | 61.48           | .038    | 142.19       |    | 2.35     |
| @DENTIST                   | 65              | 215                | Ś   | 3,476.00            | \$ 16.17        | .007    |              | Ś  | .11      |
| VISITS - DIAGNOSTIC        | 51              | 130                | Ψ   | 1,127.00            | 8.67            | .004    | 22.10        | Y  | .04      |
| ORAL SURGERY               | 12              | 21                 |     | 455.00              | 21.67           | .001    | 37.92        |    | .01      |
| DRUGS                      | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| ANESTHESIA                 | 0               | 0                  |     | .00                 |                 | .000    | .00          |    | .00      |
|                            | 5               | 9                  |     |                     | .00             |         |              |    | .00      |
| PERIODONTICS               |                 |                    |     | 55.00               | 6.11            | .000    | 11.00        |    |          |
| ENDODONTICS                | 10              | 17                 |     | 735.00              | 43.24           | .001    | 73.50        |    | .02      |
| RESTORATIVE DENTISTRY      | 15              | 34                 |     | 1,104.00            | 32.47           | .001    | 73.60        |    | .03      |
| PROSTHETICS                | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| DENTURES, STAYPLATES       | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| SPACE MAINTAINERS          | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| MAXILLOFACIAL SERVICES     | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| FRACTURES, DISLOCATIONS    | 0               | 0                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| ORTHODONTIC SERVICES       | 1               | 1                  |     | .00                 | .00             | .000    | .00          |    | .00      |
| ALL OTHER SERVICES         | 1               | 3                  |     | .00                 | .00             | .000    | .00          |    | .00      |

03/14/05

----- MONTHLY AVERAGE -----

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

|                              |   |                  |    |              |    |            | M         | ON.T. | HLY AVERA | GE: |          |
|------------------------------|---|------------------|----|--------------|----|------------|-----------|-------|-----------|-----|----------|
| 32,194 ELIGIBLES             | USERS                                       | UNITS OF SERVICE | 3  | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S     | COST PER  |     | COST PER |
|                              |   | OR DAYS OF CARE  | 3  |              | PΕ | R UNIT/DAY | PER ELIG  |       | USER      |     | ELIGIBLE |
| @OPTOMETRIST                 | 0   | 0                | \$ | .00          | \$ | .00        | .000      | \$    | .00       | \$  | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| EYE APPLIANCES               | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| OTHER OPTOMETRIC SERVICES    | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| @CHIROPRACTOR                | 0   | 0                | \$ | .00          | \$ | .00        | .000      | Ċ     | .00       | Ċ   | .00      |
|                              | 9   | 0                | Ą  |              | ې  |            | .000      | ۲     |           | ۲   |          |
| VISITS                       | U   |                  |    | .00          |    | .00        |           |       | .00       |     | .00      |
| OTHER SERVICES               | U   | 0                |    | .00          | _  | .00        | .000      | _     | .00       | _   | .00      |
| @PODIATRIST                  | 0<br>0<br>1<br>0<br>1<br>0<br>0<br>81<br>75 | 1                | \$ | 24.00        | \$ | 24.00      | .000      | Ş     | 24.00     | Ş   | .00      |
| MEDICINE/INJECTIONS          | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| SURGERY/ANES.                | 1   | 1                |    | 24.00        |    | 24.00      | .000      |       | 24.00     |     | .00      |
| RADIO./PATHOLOGY             | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| OTHER                        | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| @HOME HEALTH AGENCY          | 81  | 206              | \$ | 12,900.89    | \$ | 62.63      | .006      | \$    | 159.27    | \$  | .40      |
| NURSE ANESTHESIST            | 75  | 568              | \$ | 11,370.78    | \$ | 20.02      | .018      | Ś     | 151.61    | \$  | .35      |
| NURSE MIDWIFE                | 53  | 486              | \$ | 15,443.36    | \$ | 31.78      | .015      |       | 291.38    | \$  | .48      |
| PEDIATRIC NURSE PRACTITIONER | 1   | 1                | \$ | 37.80        | \$ | 37.80      | .000      | Ċ     | 37.80     | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 1<br>7                                      | 19               | \$ | 403.41       | \$ | 21.23      | .001      |       | 57.63     | \$  | .01      |
| @TOTAL HOSPITAL              | 7<br>6,815<br>2,071                         | 33,025           | \$ |              |    | 289.81     |           |       | 1404.39   |     | 297.29   |
|                              | 0,013                                       |                  | Ą  |              | ې  |            |           | ۲     |           | ۲   | 279.97   |
| HOSP INPATIENT TOTAL         | 2,071                                       | 6,590            |    | 9,013,371.98 |    | 1367.73    | .205      |       | 4352.18   |     |          |
| HSC HOSPITALS                | 2,011                                       | 6,240            |    | 8,647,215.21 |    | 1385.77    | .194      |       | 4299.96   |     | 268.60   |
| NON-HSC HOSPITAL TOTAL       | 61  | 350              |    | 366,156.77   |    | 1046.16    | .011      |       | 6002.57   |     | 11.37    |
| ACCOMMODATIONS               | 61  | 350              |    | 227,141.83   |    | 648.98     | .011      |       | 3723.64   |     | 7.06     |
| ADMINISTRATIVE DAYS          | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| TRANSITIONAL IP CARE         | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| ALL OTHER ACCOM              | 61  | 350              |    | 227,141.83   |    | 648.98     | .011      |       | 3723.64   |     | 7.06     |
| ANCILLARIES                  | 60  | 0                |    | 139,014.94   |    | .00        | .000      |       | 2316.92   |     | 4.32     |
| INPATIENT CROSSOVERS         | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| ALL OTHER INPATIENT          | 0<br>0<br>5,967                             | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| HOSP OUTPATIENT TOTAL        | 5,967                                       | 26,435           |    | 557,535.31   |    | 21.09      | .821      |       | 93.44     |     | 17.32    |
| MEDICAL                      | 351   | 435              |    | 15,418.10    |    | 35.44      | .014      |       | 43.93     |     | .48      |
| SURGERY                      | 618   | 1,075            |    | 29,237.63    |    | 27.20      | .033      |       | 47.31     |     | .91      |
| PATHOLOGY                    | 2.288                                       | 9,710            |    | 107,419.20   |    | 11.06      | .302      |       | 46.95     |     | 3.34     |
| RADIOLOGY                    | 2,288<br>1,032                              | 1,231            |    | 76,281.17    |    | 61.97      | .038      |       | 73.92     |     | 2.37     |
| ROOM USE                     | 2,851                                       | 4,025            |    | 151,001.64   |    | 37.52      | .125      |       | 52.96     |     | 4.69     |
| CROSSOVERS/ALL OTH OUTPTNT   | 3,118                                       | 9,959            |    | 178,177.57   |    | 17.89      | .309      |       | 57.14     |     | 5.53     |
| @COUNTY HOSPITAL TOTAL       | 65  | 466              | \$ | 195,792.47   | ċ  | 420.16     |           | ċ     | 3012.19   | ċ   | 6.08     |
| CO HOSPITAL INPATIENT TOTAL  | 21  | 168              | Ą  | 186,218.18   | ې  | 1108.44    | .005      | Ą     | 8867.53   | ې   | 5.78     |
|                              |   |                  |    |              |    |            |           |       |           |     |          |
| HSC HOSPITALS                | 21  | 168              |    | 186,218.18   |    | 1108.44    | .005      |       | 8867.53   |     | 5.78     |
| NON-HSC HOSPITALS TOTAL      | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| ACCOMMODATIONS               | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| ADMINISTRATIVE DAYS          | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| TRANSITIONAL IP CARE         | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| ALL OTHER ACCOM              | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| ANCILLARIES                  | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| INPATIENT CROSSOVERS         | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
|                              | 0   | 0                |    | .00          |    | .00        | .000      |       | .00       |     | .00      |
| CO HOSP OUTPATIENT TOTAL     | 0<br>54                                     | 298              |    | 9,574.29     |    | 32.13      | .009      |       | 177.30    |     | .30      |
| MEDICAL                      | 3   | 3                |    | 280.23       |    | 93.41      | .000      |       | 93.41     |     | .01      |
| SURGERY                      | 15  | 27               |    | 787.60       |    | 29.17      | .001      |       | 52.51     |     | .02      |
| PATHOLOGY                    | 27  | 123              |    | 2,418.56     |    | 19.66      | .004      |       | 89.58     |     | .08      |
| 11111011001                  | 2 /   | 123              |    | 2,410.00     |    | 10.00      | .004      |       | 07.00     |     | • 0 0    |

| RADIOLOGY                  | 5                      | 5             | 465.62                    | 93.12         | .000     | 93.12  | .01         |
|----------------------------|------------------------|---------------|---------------------------|---------------|----------|--------|-------------|
| ROOM USE                   | 22                     | 61            | 3 <b>,</b> 677.97         | 60.29         | .002     | 167.18 | .11         |
| CROSSOVERS/ALL OTH OUTPINT | 37                     | 79            | 1,944.31                  | 24.61         | .002     | 52.55  | .06         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND  | EXPENDITURES  | MONTH-OF-PAYMENT REPORT   | FOR JAN 2004  | THRU DEC | 2004   | PAGE 10,595 |
| MOP024                     | FEE-FOR-SERVICE/DENTA  | L             |                           |               |          |        | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FO | OR 185% AND 6 | 50-DAY PP TOTAL, CODES 44 | 4 47 48 49 69 | 76       |        |             |

| 011011111111111111111111111111111111111 | COLUMNIC OF CELO |                 |    | 2111 11 1011111, 001 | 020 11 1, 10 1 |            |      |           |     |          |
|---|------------------|-----------------|----|----------------------|----------------|------------|------|-----------|-----|----------|
|   |                  |                 |    |                      |                | MC         | ONTF | HLY AVERA | .GE |          |
| 32,194 ELIGIBLES                        | USERS            | UNITS OF SERVIC | E  | EXPENDITURES         | AVERAGE COST   | UNITS/DAYS | 3 (  | COST PER  |     | COST PER |
|   |                  | OR DAYS OF CAR  | E  |                      | PER UNIT/DAY   | PER ELIG   |      | USER      |     | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL               | 6 <b>,</b> 753   | 32 <b>,</b> 559 | \$ | 9,375,114.82         | \$ 287.94      | 1.011      | \$   | 1388.29   | \$  | 291.21   |
| COMM HOSP INPATIENT TOTAL               | 2,050            | 6,422           |    | 8,827,153.80         | 1374.52        | .199       |      | 4305.93   |     | 274.19   |
| HSC HOSPITALS                           | 1,990            | 6,072           |    | 8,460,997.03         | 1393.44        | .189       |      | 4251.76   |     | 262.81   |
| NON-HSC HOSPITALS TOTAL                 | 61               | 350             |    | 366,156.77           | 1046.16        | .011       |      | 6002.57   |     | 11.37    |
| ACCOMMODATIONS                          | 61               | 350             |    | 227,141.83           | 648.98         | .011       |      | 3723.64   |     | 7.06     |
| ADMINISTRATIVE DAYS                     | 0                | 0               |    | .00                  | .00            | .000       |      | .00       |     | .00      |
| TRANSITIONAL IP CARE                    | 0                | 0               |    | .00                  | .00            | .000       |      | .00       |     | .00      |
| ALL OTHER ACCOM                         | 61               | 350             |    | 227,141.83           | 648.98         | .011       |      | 3723.64   |     | 7.06     |
| ANCILLARIES                             | 60               | 0               |    | 139,014.94           | .00            | .000       |      | 2316.92   |     | 4.32     |
| INPATIENT CROSSOVERS                    | 0                | 0               |    | .00                  | .00            | .000       |      | .00       |     | .00      |
| ALL OTHER INPATIENT                     | 0                | 0               |    | .00                  | .00            | .000       |      | .00       |     | .00      |
| COMM HOSP OUTPATIENT TOTAL              | 5 <b>,</b> 915   | 26,137          |    | 547,961.02           | 20.96          | .812       |      | 92.64     |     | 17.02    |
| MEDICAL                                 | 348              | 432             |    | 15,137.87            | 35.04          | .013       |      | 43.50     |     | .47      |
| SURGERY                                 | 603              | 1,048           |    | 28,450.03            | 27.15          | .033       |      | 47.18     |     | .88      |
| PATHOLOGY                               | 2,262            | 9,587           |    | 105,000.64           | 10.95          | .298       |      | 46.42     |     | 3.26     |
| RADIOLOGY                               | 1,027            | 1,226           |    | 75,815.55            | 61.84          | .038       |      | 73.82     |     | 2.35     |
| ROOM USE                                | 2,829            | 3 <b>,</b> 964  |    | 147,323.67           | 37.17          | .123       |      | 52.08     |     | 4.58     |
| CROSSOVERS/ALL OTH OUTPTNT              | 3,081            | 9,880           |    | 176,233.26           | 17.84          | .307       |      | 57.20     |     | 5.47     |
| @STATE HOSPITAL                         | 0                | 0               | \$ | .00                  | \$ .00         | .000       | \$   | .00       | \$  | .00      |
| MENTALLY ILL                            | 0                | 0               |    | .00                  | .00            | .000       |      | .00       |     | .00      |
| DEVELOP. DISABLED                       | 0                | 0               |    | .00                  | .00            | .000       |      | .00       |     | .00      |
| @NURSING FACILITY                       | 0                | 0               | \$ | .00                  | \$ .00         | .000       | \$   | .00       | \$  | .00      |
| LEV A-INTERMEDIATE                      | 0                | 0               |    | .00                  | .00            | .000       |      | .00       |     | .00      |

| LEV B-REHAB MD               | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
|------------------------------|---------------------|-----------------|------|---------------------|-------|---------|-----------|-----|--------|----|------------|
| LEV B-SUBACUTE FREESTANDING  | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| LEV B-REGULAR                | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| @INTERMEDIATE CARE FACILDD   | 0                   | 0               | \$   | .00                 | \$    | .00     | .000      | \$  | .00    | \$ | .00        |
| ICF DDH                      | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| ICF DD                       | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| ICF DDN/DDCN                 | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| @HEMODIALYSIS TOTAL          | 0                   | 0               | \$   | .00                 | \$    | .00     | .000      | \$  | .00    | \$ | .00        |
| HOSPITAL BASED               | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| HEMODIALYSIS CENTER          | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| @REHABILITATION FACILITY     | 2                   | 5               | \$   | 88.90               | \$    | 17.78   | .000      | \$  | 44.45  | \$ | .00        |
| HOSPITAL BASED               | 1                   | 1               |      | 32.80               |       | 32.80   | .000      |     | 32.80  |    | .00        |
| INDEPENDENT FACILITY         | 1                   | 4               |      | 56.10               |       | 14.03   | .000      |     | 56.10  |    | .00        |
| @LABORATORY FACILITY         | 6,649               | 17 <b>,</b> 561 | \$   | 228,079.16          | \$    | 12.99   | .545      | \$  | 34.30  | \$ | 7.08       |
| PATHOLOGY                    | 6,648               | 17 <b>,</b> 560 |      | 228,067.76          |       | 12.99   | .545      |     | 34.31  |    | 7.08       |
| XO AND OTHERS                | 1                   | 1               |      | 11.40               |       | 11.40   | .000      |     | 11.40  |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 3 <b>,</b> 165      | 14,817          | \$   | 507,448.07          | \$    | 34.25   | .460      | \$  | 160.33 | \$ | 15.76      |
| CLINIC                       | 2,791               | 13,817          |      | 431,681.22          |       | 31.24   | .429      |     | 154.67 |    | 13.41      |
| SURGICENTER                  | 90                  | 517             |      | 13,967.12           |       | 27.02   | .016      |     | 155.19 |    | .43        |
| HEROIN DETOX CLINIC          | 0                   | 0               |      | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| RURAL HEALTH CLINIC          | 285                 | 483             |      | 61,799.73           |       | 127.95  | .015      |     | 216.84 |    | 1.92       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES A | ND EXPENDITU    | JRES | MONTH-OF-PAYMENT RE | EPORI | FOR JAN | 2004 THRU | DEC | 2004   | PP | AGE 10,596 |
| MOP024                       | FEE-FOR-SERVICE/DEN | TAL             |      |                     |       |         |           |     |        |    | 03/14/05   |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

| SACIAMENTO COUNTI                       | SOMMAN OF SEN | VICES FOR 1038 AND 00 | DAI II IOIAL, COI  | 202 44 47 40 4. |          |            |          |
|---|---------------|-----------------------|--------------------|-----------------|----------|------------|----------|
| 20 104 FF FGFFF                         |               |                       |                    |                 |          | THLY AVERA |          |
| 32,194 ELIGIBLES                        | USERS         | UNITS OF SERVICE      | EXPENDITURES       | AVERAGE COST    |          | COST PER   | COST PER |
| _                                       |               | OR DAYS OF CARE       |                    | PER UNIT/DAY    | PER ELIG | USER       | ELIGIBLE |
| @ALL OTHER PROVIDERS                    | 1,273         | 4,098 \$              | 147,618.97         | \$ 36.02        | .127 \$  |            | •        |
| DURABLE MED. EQUIP.                     | 45            | 81                    | 4,563.44           | 56.34           | .003     | 101.41     | .14      |
| BLOOD BANK                              | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| HEARING AID DISPENSERS                  | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| MEDICAL TRANSPORTATION                  | 205           | 1,612                 | 29 <b>,</b> 298.32 | 18.18           | .050     | 142.92     | .91      |
| AMBULANCES/AIR TRANS                    | 205           | 1,608                 | 25 <b>,</b> 678.56 | 15.97           | .050     | 125.26     | .80      |
| OTHER TRANS                             | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| OTHER SERVICES                          | 4             | 4                     | 3,619.76           | 904.94          | .000     | 904.94     | .11      |
| ACUPUNCTURE                             | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| ADULT DAY HEALTH CARE CTR               | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| GENETIC DISEASE TESTING                 | 924           | 925                   | 97,077.00          | 104.95          | .029     | 105.06     | 3.02     |
| IHMC, MODEL-NF, NF, AIDS, MSSP          | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| OCCUPATIONAL THERAPIST                  | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| OPTICIAN                                | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| PHYSICAL THERAPIST                      | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| PORTABLE X-RAY                          | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| PROSTHETIST/ORTHOTISTS                  | 44            | 45                    | 3,934.31           | 87.43           | .001     | 89.42      | .12      |
| PROSTHETICS                             | 44            | 45                    | 3,934.31           | 87.43           | .001     | 89.42      | .12      |
| ORTHOTICS                               | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| PSYCHOLOGIST                            | 4             | 14                    | 374.84             | 26.77           | .000     | 93.71      | .01      |
| SPEECH AND AUDIOLOGY                    | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| HOSPICE SERVICES                        | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| NONINST BIRTHING CENTERS                | 5             | 5                     | 5,533.40           | 1106.68         | .000     | 1106.68    | .17      |
| LOCAL EDUCATION AGENCIES                | 43            | 550                   | 4,711.63           | 8.57            | .017     | 109.57     | .15      |
| EPSDT SUPPLEMENTAL SERVICE              | 2             | 64                    | 1,882.24           | 29.41           | .002     | 941.12     | .06      |
| RESPIRATORY CARE PRACT.                 | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| PED SUBACUTE REHAB/WEANING              | 0             | 0                     | .00                | .00             | .000     | .00        | .00      |
| , |               |                       |                    |                 |          |            |          |

| ALL OTHER PROVIDERS           | 5   | 802    | 243.79             | .30          | .025 | 48.7      | 6    | .01   |
|-------------------------------|-----|--------|--------------------|--------------|------|-----------|------|-------|
| @CALIF. CHILDREN SERVICES*    | 392 | 10,273 | \$<br>1,939,415.14 | \$<br>188.79 | .319 | \$ 4947.4 | 9 \$ | 60.24 |
| @XOVER EXCLUDING STATE HOSP** | 2   | 2      | \$<br>21.22        | \$<br>10.61  | .000 | \$ 10.6   | 1 \$ | .00   |

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,597 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----3,838 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,240 154,425 \$ 1,376,881.82 \$ 8.92 40.236 \$ 424.96 \$ 358.75 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 722 2,068 24,643.47 \$ 11.92 .539 \$ 34.13 \$ 6.42 1.3 OUTPATIENT VISITS 13 85.50 6.58 .003 6.58 .02 OFFICE VISITS 13 13 85.50 6.58 .003 6.58 .02 0 Ω HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 Ω .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 . 00 .00 .00 .00 INPATIENT VISITS .001 .00 HOSPITAL VISITS .00 .00 .001 .00 .00 .00 .00 .00 CRITICAL CARE .001 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 110.11 22.02 22.02 .001 .03 110.11 22.02 22.02 EXAMINATIONS .001 . 0.3 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 .00 .00 20.46 .00 .00 22.31 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 ASSISTANT SURGEON .000 .00 0 0 .00 .00 ANESTHESIOLOGIST .000 .00 12 245.46 122.73 .06 OUTPATIENT SURGERY .003 1 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .00 .000 ASSISTANT SURGEON ANESTHESIOLOGIST 11 245.46 .003 245.46 .06 DIALYSIS .00 .000 .00 .00 38.56 .001 12.85 .01 PATHOLOGY 32.90 16.45 16.45 .001 . 01 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY 0 2 2**,**027 1 .00 .00 .00 .001 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 708 24,130.94 11.90 .528 34.08 6.29 @PHARMACY 2,959 135,265 897,556.30 \$ 6.64 35.244 \$ 303.33 \$ 233.86 2,919 14,703 58.32 3.831 293.78 223.43 PRESCRIPTION DRUGS 857,542.40 SNF/ICF 72 622 28,737.36 46.20 .162 399.13 7.49 2,884 287.38 14,081 828,805.04 58.86 3.669 215.95 OUTPATIENTS MEDICAL SUPPLIES 436 120,562 40,013.90 .33 31.413 91.78 10.43 134 437 22,244.70 .114 \$ 166.01 \$ @DENTIST 50.90 5.80 82 291 3,557.70 12.23 .076 43.39 . 93 VISITS - DIAGNOSTIC 14 19 49.68 .005 67.43 ORAL SURGERY 944.00 0 0 .00 .00 .00 .00 DRUGS .000 .00 .00 .000 .00 . 00 ANESTHESTA 590.00 .001 118.00 118.00 PERIODONTICS 905.00 181.00 .001 226.25 ENDODONTICS .24 36 2,826.75 19 78.52 .009 148.78 RESTORATIVE DENTISTRY .74 .000 PROSTHETICS 30.00 30.00 30.00 . 01

| DENTURES, STAYPLATES       | 42                   | 80             | 13,391.25               | 167.39     | .021        | 318.84      | 3.49        |
|----------------------------|----------------------|----------------|-------------------------|------------|-------------|-------------|-------------|
| SPACE MAINTAINERS          | 0                    | 0              | .00                     | .00        | .000        | .00         | .00         |
| MAXILLOFACIAL SERVICES     | 0                    | 0              | .00                     | .00        | .000        | .00         | .00         |
| FRACTURES, DISLOCATIONS    | 0                    | 0              | .00                     | .00        | .000        | .00         | .00         |
| ORTHODONTIC SERVICES       | 0                    | 0              | .00                     | .00        | .000        | .00         | .00         |
| ALL OTHER SERVICES         | 1                    | 0              | .00                     | .00        | .000        | .00         | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 20 | 004 THRU DE | C 2004      | PAGE 10,598 |
| MOP024                     | FEE-FOR-SERVICE/DENT | AL             |                         |            |             |             | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES  | FOR TITLE II I | DISREGARD - AGED        | AID CODE 3 | 16          |             |             |
|                            |                      |                |                         | -          | MON         | THLY AVERAG | E           |

| SACRAMENTO COUNTY                      | SUMMARY OF SER | VICES FOR TITI | TE II DI | SREGARD - AGED |     | AID CODE  | 16         |     |           |    |          |
|--|----------------|----------------|----------|----------------|-----|-----------|------------|-----|-----------|----|----------|
|  |                |                |          |                |     |           | MO         | TNC | HLY AVERA | GΕ |          |
| 3,838 ELIGIBLES                        | USERS          | UNITS OF SERV  | /ICE     | EXPENDITURES   | AVE | RAGE COST | UNITS/DAYS | 3   | COST PER  |    | COST PER |
| ·, · · · · · · · · · · · · · · · · · · | 5.5.2.1.5      | OR DAYS OF C   |          |                |     |           | PER ELIG   | -   | USER      |    | ELIGIBLE |
| O O DECMEED I CE                       | Е1             |                |          | 2 262 00       |     |           |            | ċ   |           | Ċ  | _        |
| @OPTOMETRIST                           | 51             | 127            |          | 2,363.00       | \$  | 18.61     | .033       | Ş   | 46.33     | Ş  | .62      |
| DIAGNOSTIC AND ANC. PROCED             | 10             | 11             | _        | 358.90         |     | 32.63     | .003       |     | 35.89     |    | .09      |
| EYE APPLIANCES                         | 39             | 108            | 3        | 1,849.58       |     | 17.13     | .028       |     | 47.43     |    | .48      |
| OTHER OPTOMETRIC SERVICES              | 6              | 8              | 3        | 154.52         |     | 19.32     | .002       |     | 25.75     |    | .04      |
|  | 1              | 1              |          | 16.72          | \$  | 16.72     |            | ċ   | 16.72     | ċ  | .00      |
| @CHIROPRACTOR                          | Τ.             |                |          |                | Ą   |           | .000       | Ą   |           | Ş  |          |
| VISITS                                 | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| OTHER SERVICES                         | 1              | 1              | _        | 16.72          |     | 16.72     | .000       |     | 16.72     |    | .00      |
| @PODIATRIST                            | 117            | 188            | 3 \$     | 2,363.71       | \$  | 12.57     | .049       | \$  | 20.20     | \$ | .62      |
| MEDICINE/INJECTIONS                    | 0              | (              | · .      | .00            |     | .00       | .000       | •   | .00       |    | .00      |
| SURGERY/ANES.                          | 0              | (              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
|  | •              |                | •        |                |     |           |            |     |           |    |          |
| RADIO./PATHOLOGY                       | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| OTHER                                  | 117            | 188            | 3        | 2,363.71       |     | 12.57     | .049       |     | 20.20     |    | .62      |
| @HOME HEALTH AGENCY                    | 0              | C              | ) \$     | .00            | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| NURSE ANESTHESIST                      | 2              | 11             |          | 38.65          | \$  | 3.51      | .003       | \$  | 19.33     | \$ | .01      |
|  | 0              | (              |          |                | Ċ   | .00       | .000       | \$  | .00       | Ś  | .00      |
| NURSE MIDWIFE                          | ŭ              |                |          | .00            | Ş   |           |            |     |           |    |          |
| PEDIATRIC NURSE PRACTITIONER           |                | C              |          | .00            | \$  | .00       |            | \$  | .00       | \$ | .00      |
| FAMILY NURSE PRACTITIONER              | 0              | C              | ) \$     | .00            | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| @TOTAL HOSPITAL                        | 244            | 1,678          | 3 \$     | 43,598.54      | \$  | 25.98     | .437       | Ś   | 178.68    | \$ | 11.36    |
| HOSP INPATIENT TOTAL                   | 25             | _,             |          | 19,773.08      |     | .00       | .000       |     | 790.92    |    | 5.15     |
|  | 0              |                |          | •              |     |           |            |     |           |    |          |
| HSC HOSPITALS                          |                | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| NON-HSC HOSPITAL TOTAL                 | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ACCOMMODATIONS                         | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ADMINISTRATIVE DAYS                    | 0              | C              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
| TRANSITIONAL IP CARE                   | 0              | C              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ALL OTHER ACCOM                        | 0              | (              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
|  | 0              | (              |          |                |     |           |            |     |           |    |          |
| ANCILLARIES                            | •              |                |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| INPATIENT CROSSOVERS                   | 25             | C              | )        | 19,773.08      |     | .00       | .000       |     | 790.92    |    | 5.15     |
| ALL OTHER INPATIENT                    | 0              | C              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
| HOSP OUTPATIENT TOTAL                  | 219            | 1,678          | 3        | 23,825.46      |     | 14.20     | .437       |     | 108.79    |    | 6.21     |
| MEDICAL                                | 1              | 1              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
|  | 1              | 1              | =        | 69.19          |     | 69.19     | .000       |     | 69.19     |    | .02      |
| SURGERY                                | <u></u>        | _              | ='       |                |     |           |            |     |           |    |          |
| PATHOLOGY                              | 2              | 22             |          | 127.04         |     | 5.77      | .006       |     | 63.52     |    | .03      |
| RADIOLOGY                              | 0              | C              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ROOM USE                               | 0              | (              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT             | 217            | 1,654          | 1        | 23,629.23      |     | 14.29     | .431       |     | 108.89    |    | 6.16     |
|  | 0              | ,              |          | •              | \$  | .00       | .000       | ċ   |           | Ś  | .00      |
| @COUNTY HOSPITAL TOTAL                 | •              | C              |          | .00            | Ş   |           |            | Ş   |           | Ş  |          |
| CO HOSPITAL INPATIENT TOTAL            | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| HSC HOSPITALS                          | 0              | C              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
| NON-HSC HOSPITALS TOTAL                | 0              | C              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ACCOMMODATIONS                         | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ADMINISTRATIVE DAYS                    | 0              | (              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
|  |                |                |          |                |     |           |            |     |           |    |          |
| TRANSITIONAL IP CARE                   | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ALL OTHER ACCOM                        | 0              | C              |          | .00            |     | .00       | .000       |     | .00       |    | .00      |
| ANCILLARIES                            | 0              | C              | )        | .00            |     | .00       | .000       |     | .00       |    | .00      |
|  | -              | _              |          |                |     |           |            |     |           |    |          |

| INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |
|--|
| ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
| CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |
| MEDICAL   0   0   0   0   0   0   0   0   0  |
| SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |
| PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |
| RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |
| CROSSOVERS/ALL OTH OUTPTNT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00  |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,599 03/14/05 03/1 |
| MOP024         FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR NAME OF SERVICES FOR SERVICES FOR SERVICES FOR SERVICES FOR SERVICE SERV                                 |
| SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16  MONTHLY AVERAGE  AVERAGE COST UNITS/DAYS COST PER COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE  COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 25 0 11,678 11,6                |
| 3,838 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE  @COMMUNITY HOSPITAL TOTAL 244 1,678 \$ 43,598.54 \$ 25.98 .437 \$ 178.68 \$ 11.36 COMM HOSP INPATIENT TOTAL 25 0 19,773.08 .00 .000 790.92 5.15   |
| 3,838 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE COMMUNITY HOSPITAL TOTAL 244 1,678 \$ 43,598.54 \$ 25.98 .437 \$ 178.68 \$ 11.36 COMM HOSP INPATIENT TOTAL 25 0 19,773.08 .00 .000 790.92 5.15   |
| OR DAYS OF CARE  @COMMUNITY HOSPITAL TOTAL  244  1,678  \$ 43,598.54  \$ 25.98  437  \$ 178.68  \$ 11.36  COMM HOSP INPATIENT TOTAL  25  0 19,773.08  .00  .000  790.92  5.15  |
| @COMMUNITY HOSPITAL TOTAL       244       1,678       \$ 43,598.54       \$ 25.98       .437       \$ 178.68       \$ 11.36         COMM HOSP INPATIENT TOTAL       25       0       19,773.08       .00       .00       790.92       5.15   |
| COMM HOSP INPATIENT TOTAL 25 0 19,773.08 .00 .000 790.92 5.15  |
|  |
| HSC HOSPITALS 0 0 0 00 00 000 000 00   |
| 100 1001 111110  |
| NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00  |
| ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00   |
| ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00  |
| TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00   |
| ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00  |
| ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00  |
| INPATIENT CROSSOVERS 25 0 19,773.08 .00 .000 790.92 5.15   |
| ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00  |
| COMM HOSP OUTPATIENT TOTAL 219 1,678 23,825.46 14.20 .437 108.79 6.21  |
| MEDICAL 1 1 .00 .00 .00 .00 .00 .00  |
| SURGERY 1 1 69.19 69.19 .000 69.19 .02   |
| PATHOLOGY 2 22 127.04 5.77 .006 63.52 .03  |
| RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00  |
| ROOM USE 0 0 .00 .00 .00 .00 .00 .00   |
| CROSSOVERS/ALL OTH OUTPINT 217 1,654 23,629.23 14.29 .431 108.89 6.16  |
| @STATE HOSPITAL 0 0 \$ .00 \$ .00 \$ .00 \$ .00  |
| MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00   |
| DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00  |
| @NURSING FACILITY 74 1,316 \$ 257,952.00 \$ 196.01 .343 \$ 3485.84 \$ 67.21  |

| ADMINISTRATIVE DATS         | U   | U     | .00              | .00          | .000 | .00           | .00         |
|-----------------------------|-----|-------|------------------|--------------|------|---------------|-------------|
| TRANSITIONAL IP CARE        | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| ALL OTHER ACCOM             | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| ANCILLARIES                 | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| INPATIENT CROSSOVERS        | 25  | 0     | 19,773.08        | .00          | .000 | 790.92        | 5.15        |
| ALL OTHER INPATIENT         | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| COMM HOSP OUTPATIENT TOTAL  | 219 | 1,678 | 23,825.46        | 14.20        | .437 | 108.79        | 6.21        |
| MEDICAL                     | 1   | 1     | .00              | .00          | .000 | .00           | .00         |
| SURGERY                     | 1   | 1     | 69.19            | 69.19        | .000 | 69.19         | .02         |
| PATHOLOGY                   | 2   | 22    | 127.04           | 5.77         | .006 | 63.52         | .03         |
| RADIOLOGY                   | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| ROOM USE                    | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| CROSSOVERS/ALL OTH OUTPINT  | 217 | 1,654 | 23,629.23        | 14.29        | .431 | 108.89        | 6.16        |
| @STATE HOSPITAL             | 0   | 0     | \$<br>.00        | \$<br>.00    | .000 | \$<br>.00     | \$<br>.00   |
| MENTALLY ILL                | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| DEVELOP. DISABLED           | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| @NURSING FACILITY           | 74  | 1,316 | \$<br>257,952.00 | \$<br>196.01 | .343 | \$<br>3485.84 | \$<br>67.21 |
| LEV A-INTERMEDIATE          | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| LEV B-REHAB MD              | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| LEV B-SUBACUTE FREESTANDING | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| LEV B-SUBACUTE HSPTL BASED  | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| LEV B-TRANSITIONAL IP CARE  | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| LEV B-REGULAR               | 74  | 1,316 | 257,952.00       | 196.01       | .343 | 3485.84       | 67.21       |
| @INTERMEDIATE CARE FACILDD  | 0   | 0     | \$<br>.00        | \$<br>.00    | .000 | \$<br>.00     | \$<br>.00   |
| ICF DDH                     | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| ICF DD                      | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| ICF DDN/DDCN                | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| @HEMODIALYSIS TOTAL         | 30  | 39    | \$<br>21,410.35  | \$<br>548.98 | .010 | \$<br>713.68  | \$<br>5.58  |
| HOSPITAL BASED              | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| HEMODIALYSIS CENTER         | 30  | 39    | 21,410.35        | 548.98       | .010 | 713.68        | 5.58        |
| @REHABILITATION FACILITY    | 0   | 0     | \$<br>.00        | \$<br>.00    | .000 | \$<br>.00     | \$<br>.00   |
| HOSPITAL BASED              | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| INDEPENDENT FACILITY        | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| @LABORATORY FACILITY        | 5   | 8     | \$<br>159.64     | \$<br>19.96  | .002 | \$<br>31.93   | \$<br>.04   |
| PATHOLOGY                   | 0   | 0     | .00              | .00          | .000 | .00           | .00         |
| XO AND OTHERS               | 5   | 8     | 159.64           | 19.96        | .002 | 31.93         | .04         |
|                             |     |       |                  |              |      |               |             |

| @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV | 20<br>5<br>8<br>0<br>7 | 48<br>15<br>18<br>0<br>15           | \$   | 3,659.87<br>1,116.98<br>1,752.40<br>.00<br>790.49<br>40NTH-OF-PAYMENT R |       | 76.25<br>74.47<br>97.36<br>.00<br>52.70 | .013 \$ .004 .005 .000 .004 2004 THRU DE | 223.40<br>219.05<br>.00<br>112.93 |     | .95<br>.29<br>.46<br>.00<br>.21 |
|--|------------------------|-------------------------------------|------|---|-------|---|--|-----------------------------------|-----|---------------------------------|
| MOP024   | FEE-FOR-SERVICE        |                                     |      | MONIH-OF-FAIMENI K  | EFUKI | FOR JAN .                               | ZUU4 IRKU DE                             | JC 2004                           | 1   | 03/14/05                        |
| SACRAMENTO COUNTY  |                        | ICES FOR TITLE I                    | т D. | ISRECARD - ACED   |       | AID CODE                                | 16                                       |                                   |     | 03/14/03                        |
| DACKARENTO COUNTT  | DOMMANT OF DERV        | TCES FOR TITLE I                    | т D. | ISKEGAND AGED   |       | AID CODE                                | MON                                      | THILY AVERA                       | GE  |                                 |
| 3,838 ELIGIBLES  | USERS                  | UNITS OF SERVICE<br>OR DAYS OF CARE |      | EXPENDITURES  |       | RAGE COST<br>UNIT/DAY                   | UNITS/DAYS                               | COST PER<br>USER                  | .01 | COST PER<br>ELIGIBLE            |
| @ALL OTHER PROVIDERS   | 591                    | 13,239                              | \$   | 100,874.87  | \$    | 7.62                                    | 3.449 \$                                 | 170.69                            | \$  | 26.28                           |
| DURABLE MED. EQUIP.  | 18                     | 26                                  |      | 4,600.01  |       | 176.92                                  | .007                                     | 255.56                            |     | 1.20                            |
| BLOOD BANK   | 0                      | 0                                   |      | .00   |       | .00                                     | .000                                     | .00                               |     | .00                             |
| HEARING AID DISPENSERS   | 10                     | 15                                  |      | 2,114.30  |       | 140.95                                  | .004                                     | 211.43                            |     | .55                             |
| MEDICAL TRANSPORTATION   | 82                     | 1,421                               |      | 6,148.06  |       | 4.33                                    | .370                                     | 74.98                             |     | 1.60                            |
| AMBULANCES/AIR TRANS   | 15                     | 31                                  |      | 771.51  |       | 24.89                                   | .008                                     | 51.43                             |     | .20                             |
| OTHER TRANS  | 47                     | 1,224                               |      | 4,921.64  |       | 4.02                                    | .319                                     | 104.72                            |     | 1.28                            |
| OTHER SERVICES   | 27                     | 166                                 |      | 454.91  |       | 2.74                                    | .043                                     | 16.85                             |     | .12                             |
| ACUPUNCTURE  | 1                      | 2                                   |      | 43.25   |       | 21.63                                   | .001                                     | 43.25                             |     | .01                             |
| ADULT DAY HEALTH CARE CTR  | 42                     | 542                                 |      | 37,722.80   |       | 69.60                                   | .141                                     | 898.16                            |     | 9.83                            |
| GENETIC DISEASE TESTING  | 0                      | 0                                   |      | .00   |       | .00                                     | .000                                     | .00                               |     | .00                             |
| IHMC, MODEL-NF, NF, AIDS, MSSP   | 76                     | 586                                 |      | 30,595.50   |       | 52.21                                   | .153                                     | 402.57                            |     | 7.97                            |
| OCCUPATIONAL THERAPIST   | 0                      | 0                                   |      | .00   |       | .00                                     | .000                                     | .00                               |     | .00                             |
| OPTICIAN   | 63                     | 145                                 |      | 1,741.50  |       | 12.01                                   | .038                                     | 27.64                             |     | .45                             |
| PHYSICAL THERAPIST   | 0                      | 0                                   |      | .00   |       | .00                                     | .000                                     | .00                               |     | .00                             |
| PORTABLE X-RAY   | 5                      | 7                                   |      | 4.95  |       | .71                                     | .002                                     | .99                               |     | .00                             |
| PROSTHETIST/ORTHOTISTS   | 1                      | 1                                   |      | 35.76   |       | 35.76                                   | .000                                     | 35.76                             |     | .01                             |
| PROSTHETICS  | 1                      | 1                                   |      | 35.76   |       | 35.76                                   | .000                                     | 35.76                             |     | .01                             |
| ORTHOTICS  | 0                      | 0                                   |      | .00   |       | .00                                     | .000                                     | .00                               |     | .00                             |
| PSYCHOLOGIST   | 0                      | 0                                   |      | .00   |       | .00                                     | .000                                     | .00                               |     | .00                             |
| SPEECH AND AUDIOLOGY   | 12                     | 24                                  |      | 3,296.92  |       | 137.37                                  | .006                                     | 274.74                            |     | .86                             |

| HOSPICE SERVICES   | 2     | 30     |             | 3,036.68   | 101.22      | .008  | 1  | L518.34 | .79         |
|--|-------|--------|-------------|------------|-------------|-------|----|---------|-------------|
| NONINST BIRTHING CENTERS   | 0     | 0      |             | .00        | .00         | .000  |    | .00     | .00         |
| LOCAL EDUCATION AGENCIES   | 0     | 0      |             | .00        | .00         | .000  |    | .00     | .00         |
| EPSDT SUPPLEMENTAL SERVICE   | 0     | 0      |             | .00        | .00         | .000  |    | .00     | .00         |
| RESPIRATORY CARE PRACT.  | 0     | 0      |             | .00        | .00         | .000  |    | .00     | .00         |
| PED SUBACUTE REHAB/WEANING   | 0     | 0      |             | .00        | .00         | .000  |    | .00     | .00         |
| ALL OTHER PROVIDERS  | 363   | 10,440 |             | 11,535.14  | 1.10        | 2.720 |    | 31.78   | 3.01        |
| @CALIF. CHILDREN SERVICES*   | 0     | 0      | \$          | .00        | \$<br>.00   | .000  | \$ | .00     | \$<br>.00   |
| @XOVER EXCLUDING STATE HOSP**  | 1,220 | 6,076  | \$          | 171,565.09 | \$<br>28.24 | 1.583 | \$ | 140.63  | \$<br>44.70 |
| O. H. MORRES THE MURICIPAL PROPERTY OF THE CONTRACT OF THE CON |       |        | T. T. T. C. |            |             |       |    |         |             |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,601 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

| SHORIMINTO COUNTY          | COLUMN OF SERV | V1020 1010 11122 1 |    | DEINE BEINE  | 211. | D CODED 20 | M        | ONT | HLY AVERA | GE |          |
|----------------------------|----------------|--------------------|----|--------------|------|------------|----------|-----|-----------|----|----------|
| 136 ELIGIBLES              | USERS          | UNITS OF SERVICE   |    | EXPENDITURES | AVI  | ERAGE COST |          |     | COST PER  |    | COST PER |
|                            |                | OR DAYS OF CARE    |    |              |      | R UNIT/DAY | PER ELIG |     | USER      |    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 122            | 1,335              | \$ | 197,395.35   | \$   | 147.86     | 9.816    | \$  | 1617.99   | \$ | 1451.44  |
| @PHYSICIANS SERVICES       | 25             | . 52               | \$ | 457.41       | \$   | 8.80       | .382     | \$  | 18.30     | \$ | 3.36     |
| OUTPATIENT VISITS          | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| OFFICE VISITS              | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| HOME VISITS                | Ō              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| EMERGENCY ROOM             | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| PREVENTIVE CARE            | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| OB VISITS/COMPRE PERI      | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| OTHER OUTPATIENT           | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| INPATIENT VISITS           | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| HOSPITAL VISITS            | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| CRITICAL CARE              | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| SNF/ICF/TRANS IP CARE      | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| EXAMINATIONS               | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| SERVICES AND MATERIALS     | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| INPATIENT HOSPITAL SURGERY | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| PRINCIPAL SURGEON          | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| ASSISTANT SURGEON          | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| ANESTHESIOLOGIST           | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| OUTPATIENT SURGERY         | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| PRINCIPAL SURGEON          | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| ASSISTANT SURGEON          | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| ANESTHESIOLOGIST           | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| DIALYSIS                   | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| PATHOLOGY                  | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| RADIOLOGY                  | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| PSYCHIATRY                 | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| IMMUNIZATION AND INJECTION | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| OTHER SERVICES/ALL X-OVERS | 25             | 52                 |    | 457.41       |      | 8.80       | .382     |     | 18.30     |    | 3.36     |
| @PHARMACY                  | 114            | 882                | \$ | 39,107.34    | \$   | 44.34      | 6.485    | \$  | 343.05    | \$ | 287.55   |
| PRESCRIPTION DRUGS         | 114            | 566                |    | 38,490.69    |      | 68.00      | 4.162    |     | 337.64    |    | 283.02   |
| SNF/ICF                    | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |
| OUTPATIENTS                | 114            | 566                |    | 38,490.69    |      | 68.00      | 4.162    |     | 337.64    |    | 283.02   |
| MEDICAL SUPPLIES           | 11             | 316                | _  | 616.65       | _    | 1.95       | 2.324    | _   | 56.06     | _  | 4.53     |
| @DENTIST                   | 5              | 29                 | \$ | 783.00       | \$   | 27.00      | .213     | Ş   | 156.60    | Ş  | 5.76     |
| VISITS - DIAGNOSTIC        | 3              | 23                 |    | 285.00       |      | 12.39      | .169     |     | 95.00     |    | 2.10     |
| ORAL SURGERY               | 0              | 0                  |    | .00          |      | .00        | .000     |     | .00       |    | .00      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS<br>ANESTHESIA                       | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
|---|-----------------|----------|--------|------|------------------|-------|-------|----------|-----------|-----|------------|-----|------------|
| PERIODONTICS                              | 1               |          | 1      |      | 118.             |       |       | 118.00   | .007      |     | 118.00     |     | .87        |
| ENDODONTICS<br>ENDODONTICS                | 2               |          | 2      |      | 215.             |       |       | 107.50   | .015      |     | 107.50     |     | 1.58       |
|   | 2               |          | 2      |      |                  |       |       |          |           |     |            |     | 1.21       |
| RESTORATIVE DENTISTRY                     | 2               |          | 3      |      | 165.             |       |       | 55.00    | .022      |     | 82.50      |     |            |
| PROSTHETICS                               | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| DENTURES, STAYPLATES                      | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| SPACE MAINTAINERS                         | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| MAXILLOFACIAL SERVICES                    | U               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| FRACTURES, DISLOCATIONS                   | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ORTHODONTIC SERVICES                      | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ALL OTHER SERVICES                        | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| #CALIF DEPT OF HEALTH SERV                |                 |          | PENDIT | URES | MONTH-OF-PAYMEN  | IT RE | EPORT | FOR JAN  | 2004 THRU | DEC | 2004       | P   | AGE 10,602 |
| MOP024                                    | FEE-FOR-SERVICE |          |        |      |                  |       |       |          |           |     |            |     | 03/14/05   |
| SACRAMENTO COUNTY                         | SUMMARY OF SERV | ICES FOR | TITLE  | ΙI   | DISREGARD - BLIN | 1D    | AID   | CODES 26 |           |     |            |     |            |
|   |                 |          |        |      |                  |       |       |          |           |     | THLY AVERA | GE. |            |
| 136 ELIGIBLES                             | USERS           | UNITS OF |        |      | EXPENDITUE       | RES   |       |          | UNITS/DAY |     | COST PER   |     | COST PER   |
|   |                 | OR DAYS  | OF CA  |      |                  |       | PER   |          | PER ELIG  |     | USER       |     | ELIGIBLE   |
| @OPTOMETRIST                              | 4               |          | 15     | \$   |                  |       | \$    | 12.50    | .110      | \$  | 46.88      | \$  | 1.38       |
| DIAGNOSTIC AND ANC. PROCED                | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| EYE APPLIANCES                            | 2               |          | 6      |      | 90.              | . 83  |       | 15.14    | .044      |     | 45.42      |     | .67        |
| OTHER OPTOMETRIC SERVICES                 | 2               |          | 9      |      | 96.              | . 68  |       | 10.74    | .066      |     | 48.34      |     | .71        |
| @CHIROPRACTOR                             | 0               |          | 0      | \$   |                  | .00   | \$    | .00      | .000      | \$  | .00        | \$  | .00        |
| VISITS                                    | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| OTHER SERVICES                            | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| @PODIATRIST                               | 1               |          | 1      | \$   | 3.               | .26   | \$    | 3.26     | .007      | \$  | 3.26       | \$  | .02        |
| MEDICINE/INJECTIONS                       | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| SURGERY/ANES.                             | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| RADIO./PATHOLOGY                          | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| OTHER                                     | 1               |          | 1      |      |                  | .26   |       | 3.26     | .007      |     | 3.26       |     | .02        |
| @HOME HEALTH AGENCY                       | 0               |          | 0      | Ś    |                  | .00   | Ś     | .00      | .000      | \$  | .00        | \$  | .00        |
| NURSE ANESTHESIST                         | 0               |          | 0      | Ś    |                  | .00   | Ś     | .00      | .000      | \$  | .00        | \$  | .00        |
| NURSE MIDWIFE                             | 0               |          | Ö      | Ś    |                  | .00   | \$    | .00      | .000      | \$  | .00        | \$  | .00        |
| PEDIATRIC NURSE PRACTITIONER              | 0               |          | 0      | Ś    |                  | .00   | Ś     | .00      | .000      | \$  | .00        | Ś   | .00        |
| FAMILY NURSE PRACTITIONER                 | 0               |          | 0      | Ś    |                  | .00   | \$    | .00      | .000      | \$  | .00        | \$  | .00        |
| @TOTAL HOSPITAL                           | 10              |          | 88     | Ś    | 710.             |       | Š     | 8.07     | .647      | Ś   | 71.01      |     | 5.22       |
| HOSP INPATIENT TOTAL                      | 0               |          | 0      | Υ.   |                  | .00   | Y     | .00      | .000      | ٧   | .00        | Y   | .00        |
| HSC HOSPITALS                             | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| NON-HSC HOSPITAL TOTAL                    | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ACCOMMODATIONS                            | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ADMINISTRATIVE DAYS                       | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| TRANSITIONAL IP CARE                      | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ALL OTHER ACCOM                           | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ANCILLARIES                               | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| INPATIENT CROSSOVERS                      | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ALL OTHER INPATIENT                       | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| HOSP OUTPATIENT TOTAL                     | 10              |          | 88     |      | 710              |       |       | 8.07     | .647      |     | 71.01      |     | 5.22       |
| MEDICAL                                   | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
|   | 0               |          | 0      |      |                  | .00   |       |          | .000      |     | .00        |     |            |
| SURGERY<br>PATHOLOGY                      | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
|   | 0               |          | 0      |      |                  | .00   |       |          | .000      |     | .00        |     |            |
| RADIOLOGY                                 | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| ROOM USE                                  |                 |          |        |      | 710              |       |       |          |           |     |            |     |            |
| CROSSOVERS/ALL OTH OUTPINT                | 0               |          | 88     | \$   |                  |       | Ċ     | 8.07     | .647      | ċ   | 71.01      | ċ   | 5.22       |
| @COUNTY HOSPITAL TOTAL                    |                 |          | 0      | Ą    |                  | .00   | \$    | .00      | .000      | Ą   | .00        | \$  | .00        |
| CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS | 0               |          | 0      |      |                  | .00   |       | .00      | .000      |     | .00        |     | .00        |
| UPC UOSETTATP                             | U               |          | U      |      | •                | . 0 0 |       | .00      | .000      |     | .00        |     | .00        |

| NON-HSC HOSPITALS TOTAL     | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
|-----------------------------|---------------------|------------------|------------------|-------------------|---------------|--------------|------|-----------|
| ACCOMMODATIONS              | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ADMINISTRATIVE DAYS         | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| TRANSITIONAL IP CARE        | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ALL OTHER ACCOM             | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ANCILLARIES                 | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| INPATIENT CROSSOVERS        | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ALL OTHER INPATIENT         | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| CO HOSP OUTPATIENT TOTAL    | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| MEDICAL                     | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| SURGERY                     | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| PATHOLOGY                   | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| RADIOLOGY                   | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ROOM USE                    | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| CROSSOVERS/ALL OTH OUTPINT  | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES   |                  |                  |                   |               |              | PZ   | GE 10,603 |
| MOP024                      | FEE-FOR-SERVICE/DE  |                  |                  | BIOINI ION OINV 2 | 1001 111110 1 | 2001         |      | 03/14/05  |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICE  |                  | TORECARD - RITHD | AID CODES 26      | 6 A           |              |      | 03/14/03  |
| DACIMIENTO COUNTT           | SOMMANT OF SERVICES | S FOR TITLE II D | ISKEGARD BEIND   | AID CODED 20      |               | ONTHLY AVERA | CF - |           |
| 136 ELIGIBLES               | USERS UN            | ITS OF SERVICE   | EXPENDITURES     | AVERAGE COST      |               |              |      | COST PER  |
| 130 ED101DDE3               |                     | R DAYS OF CARE   | EXIENDITORES     | PER UNIT/DAY      |               | USER         |      | LIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL   | 1.0                 | R DAIS OF CARE   | 710.12           | \$ 8.07           | .647          |              |      | 5.22      |
| COMM HOSP INPATIENT TOTAL   | 0                   | 00 7             | .00              | .00               | .000          | .00          | ۲    | .00       |
|                             | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| HSC HOSPITALS               | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| NON-HSC HOSPITALS TOTAL     | 0                   | 0                |                  |                   |               |              |      |           |
| ACCOMMODATIONS              | U                   | •                | .00              | .00               | .000          | .00          |      | .00       |
| ADMINISTRATIVE DAYS         | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| TRANSITIONAL IP CARE        | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ALL OTHER ACCOM             | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ANCILLARIES                 | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| INPATIENT CROSSOVERS        | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ALL OTHER INPATIENT         | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| COMM HOSP OUTPATIENT TOTAL  | 10                  | 88               | 710.12           | 8.07              | .647          | 71.01        |      | 5.22      |
| MEDICAL                     | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| SURGERY                     | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| PATHOLOGY                   | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| RADIOLOGY                   | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| ROOM USE                    | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| CROSSOVERS/ALL OTH OUTPTNT  | 10                  | 88               | 710.12           | 8.07              | .647          | 71.01        |      | 5.22      |
| @STATE HOSPITAL             | 1                   | 226 \$           | 154,385.67       | \$ 683.12         | 1.662         | \$154385.67  | \$   | 1135.19   |
| MENTALLY ILL                | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| DEVELOP. DISABLED           | 1                   | 226              | 154,385.67       | 683.12            | 1.662         | 154385.67    |      | 1135.19   |
| @NURSING FACILITY           | 0                   | 0 \$             | .00              | \$ .00            | .000          | \$ .00       | \$   | .00       |
| LEV A-INTERMEDIATE          | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| LEV B-REHAB MD              | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| LEV B-SUBACUTE FREESTANDING | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| LEV B-SUBACUTE HSPTL BASED  | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| LEV B-TRANSITIONAL IP CARE  | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| LEV B-REGULAR               | 0                   | 0                | .00              | .00               | .000          | .00          |      | .00       |
| @INTERMEDIATE CARE FACILDD  | 0                   | 0 \$             | .00              | \$ .00            |               | \$ .00       | Ś    | .00       |
| ICF DDH                     | 0                   | 0 3              | .00              | .00               | .000          | .00          | Y    | .00       |
| TCL DDU                     | U                   | U                | .00              | .00               | .000          | .00          |      | .00       |

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|---|------------------|-----------------|---------|---------------|---------------|---------------------------------------|--------------|---------------|--------------|-------|-------|--------------|
| @REHABILITATION FACILITY                                | 0                | 0               | \$      |               | .00           | \$                                    | .00          | .000          | •            |       | \$    | .00          |
| HOSPITAL BASED  | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| INDEPENDENT FACILITY                                    | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| @LABORATORY FACILITY                                    | 0                | 0               | \$      |               | .00           | \$                                    | .00          | .000          |              | 00    | \$    | .00          |
| PATHOLOGY   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| XO AND OTHERS   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| @ORGANIZED OUTPATIENT CLINIC                            | 1                | 3               | \$      | 4             | 42.85         | \$                                    | 14.28        | .022          | \$ 42.       | 85    | \$    | .32          |
| CLINIC  | 1                | 3               |         | 4             | 42.85         |                                       | 14.28        | .022          | 42.          | 85    |       | .32          |
| SURGICENTER   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| HEROIN DETOX CLINIC                                     | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| RURAL HEALTH CLINIC                                     | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| #CALIF DEPT OF HEALTH SERV                              | MEDI-CAL SERVICE | ES AND EXPENDI  | TURES M | IONTH-OF-PAYI | MENT RE       | PORT                                  | FOR JAN 2    | 004 THRU      | DEC 2004     |       | PAG:  | E 10,604     |
| MOP024  | FEE-FOR-SERVICE  | /DENTAL         |         |               |               |                                       |              |               |              |       |       | 03/14/05     |
| SACRAMENTO COUNTY                                       | SUMMARY OF SERV  | ICES FOR TITL   | E II DI | SREGARD - BI  | LIND          | AID                                   | CODES 26     | 6A            |              |       |       |              |
|   |                  |                 |         |               |               |                                       |              | M             | ONTHLY AV    | ERAG  | E     |              |
| 136 ELIGIBLES   | USERS            | UNITS OF SERV   | ICE     | EXPENDI       | TURES         | AVE                                   | RAGE COST    | UNITS/DAY     | S COST E     | ER    | CO    | ST PER       |
|   |                  | OR DAYS OF C    | ARE     |               |               | PER                                   | UNIT/DAY     | PER ELIG      | USEF         | 2     | EL    | IGIBLE       |
| @ALL OTHER PROVIDERS                                    | 11               | 39              | \$      | 1,73          | 18.19         | \$                                    | 44.06        | .287          |              | 20    | \$    | 12.63        |
| DURABLE MED. EQUIP.                                     | 0                | 0               |         | •             | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| BLOOD BANK  | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| HEARING AID DISPENSERS                                  | 0                | 0               |         |               | .00           |                                       | .00          | .000          | _            | 00    |       | .00          |
| MEDICAL TRANSPORTATION                                  | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| AMBULANCES/AIR TRANS                                    | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| OTHER TRANS   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| OTHER SERVICES  | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| ACUPUNCTURE   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| ADULT DAY HEALTH CARE CTR                               | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| GENETIC DISEASE TESTING                                 | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| IHMC, MODEL-NF, NF, AIDS, MSSP                          | 1                | 2               |         | 2,            | 40.00         |                                       | 120.00       | .015          | 240.         |       |       | 1.76         |
| OCCUPATIONAL THERAPIST                                  | 0                | 0               |         | 2 -           | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| OPTICIAN  | 5                | 12              |         | 1,            | 77.10         |                                       | 14.76        | .088          | 35.          |       |       | 1.30         |
| PHYSICAL THERAPIST                                      | 9                | 0               |         | Τ.            | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| PORTABLE X-RAY  | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| PROSTHETIST/ORTHOTISTS                                  | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| PROSTHETICS   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| ORTHOTICS   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
|   | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| PSYCHOLOGIST  | 2                | 0               |         | 7.0           | 87.34         |                                       | 262.45       | .022          | 393.         |       |       | 5.79         |
| SPEECH AND AUDIOLOGY                                    | 0                | 3               |         | / (           | .00           |                                       | .00          | .022          |              | 00    |       | .00          |
| HOSPICE SERVICES NONINST BIRTHING CENTERS               | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| LOCAL EDUCATION AGENCIES                                | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| EPSDT SUPPLEMENTAL SERVICE                              | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
| RESPIRATORY CARE PRACT.                                 | 0                | 0               |         |               | .00           |                                       | .00          | .000          |              | 00    |       | .00          |
|   | 0                | 0               |         |               |               |                                       |              | .000          |              |       |       |              |
| PED SUBACUTE REHAB/WEANING                              | 0                | 22              |         | E -           | .00<br>13.75  |                                       | .00<br>23.35 |               | 171.         | 00    |       | .00          |
| ALL OTHER PROVIDERS                                     | 0                |                 | Ċ       | 5.            |               | Ċ                                     |              | .162          |              |       | Ċ     | 3.78         |
| @CALIF. CHILDREN SERVICES*                              |                  | 0               | \$      | 1 7           | .00<br>81.22  | \$                                    | .00          | .000<br>1.265 |              | 00    |       | .00<br>13.10 |
| @XOVER EXCLUDING STATE HOSP**                           |                  | 172             |         | •             | 81.22         | Ş                                     | 10.36        | 1.205         | \$ 52.       | 39    | ې     | 13.10        |
| 0* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN |                  |                 |         |               |               |                                       |              |               |              |       |       |              |
|   |                  |                 |         |               |               |                                       |              |               |              |       |       |              |
| ** THESE DATA ARE INCLUDED I                            |                  |                 |         |               | MENIE PE      | , DODE                                | EOD TAN O    | 004 miini     | DEC 2004     |       | D 7 C | E 10 COE     |
| #CALIF DEPT OF HEALTH SERV                              | MEDI-CAL SERVICE |                 | TOKES N | IONTH-OF-PAYI | MENT KE       | 'LOKI                                 | ruk JAN 2    | UU4 THKU      | DEC ∠UU4     |       |       | E 10,605     |
| MOP024  | FEE-FOR-SERVICE  |                 |         | CDECADD D     | T C X D T T D | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | CODEC 36     | CC CC         |              |       |       | 03/14/05     |
| SACRAMENTO COUNTY                                       | SUMMARY OF SERV  | ICES FOR TITL   | r ii Di | .SKEGAKD - D. | TOARTED       | AID                                   |              |               | ∩NITHITY 7.5 | 7ED70 | c .   |              |
| 5 600 FITCIDIES   | HOEDO            | IIMITTO OF CERT | TCE     | EXPENDI       | ייוחדיי       | 7/ 7 777.7                            |              | M             |              |       |       |              |
| 5,690 ELIGIBLES   | USERS            | UNITS OF SERV   |         | EVLENDI.      | IOVUD         |                                       | RAGE COST    |               |              |       |       | ST PER       |

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| @TOTAL, ALL PROVIDERS      | 4,997 | 244,387         | \$<br>3,049,298.02 | \$<br>12.48 | 42.950 | \$<br>610.23 | \$<br>535.90 |
|----------------------------|-------|-----------------|--------------------|-------------|--------|--------------|--------------|
| @PHYSICIANS SERVICES       | 1,233 | 3,566           | \$<br>59,431.49    | \$<br>16.67 | .627   | \$<br>48.20  | \$<br>10.44  |
| OUTPATIENT VISITS          | 55    | 65              | 2,003.93           | 30.83       | .011   | 36.44        | .35          |
| OFFICE VISITS              | 51    | 60              | 1,711.87           | 28.53       | .011   | 33.57        | .30          |
| HOME VISITS                | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| EMERGENCY ROOM             | 4     | 4               | 225.90             | 56.48       | .001   | 56.48        | .04          |
| PREVENTIVE CARE            | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| OB VISITS/COMPRE PERI      | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| OTHER OUTPATIENT           | 1     | 1               | 66.16              | 66.16       | .000   | 66.16        | .01          |
| INPATIENT VISITS           | 6     | 11              | 345.51             | 31.41       | .002   | 57.59        | .06          |
| HOSPITAL VISITS            | 4     | 8               | 271.21             | 33.90       | .001   | 67.80        | .05          |
| CRITICAL CARE              | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| SNF/ICF/TRANS IP CARE      | 2     | 3               | 74.30              | 24.77       | .001   | 37.15        | .01          |
| OPHTHALMOLOGICAL SERVICES  | 1     | 1               | 8.01               | 8.01        | .000   | 8.01         | .00          |
| EXAMINATIONS               | 1     | 1               | 8.01               | 8.01        | .000   | 8.01         | .00          |
| SERVICES AND MATERIALS     | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| INPATIENT HOSPITAL SURGERY | 4     | 49              | 3,448.70           | 70.38       | .009   | 862.18       | .61          |
| PRINCIPAL SURGEON          | 3     | 9               | 2,487.89           | 276.43      | .002   | 829.30       | .44          |
| ASSISTANT SURGEON          | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| ANESTHESIOLOGIST           | 3     | 40              | 960.81             | 24.02       | .007   | 320.27       | .17          |
| OUTPATIENT SURGERY         | 24    | 89              | 2,634.00           | 29.60       | .016   | 109.75       | .46          |
| PRINCIPAL SURGEON          | 5     | 5               | 289.05             | 57.81       | .001   | 57.81        | .05          |
| ASSISTANT SURGEON          | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| ANESTHESIOLOGIST           | 19    | 84              | 2 <b>,</b> 344.95  | 27.92       | .015   | 123.42       | .41          |
| DIALYSIS                   | 1     | 1               | 225.04             | 225.04      | .000   | 225.04       | .04          |
| PATHOLOGY                  | 16    | 35              | 209.88             | 6.00        | .006   | 13.12        | .04          |
| RADIOLOGY                  | 16    | 23              | 1 <b>,</b> 564.71  | 68.03       | .004   | 97.79        | .27          |
| PSYCHIATRY                 | 0     | 0               | .00                | .00         | .000   | .00          | .00          |
| IMMUNIZATION AND INJECTION | 4     | 40              | 498.53             | 12.46       | .007   | 124.63       | .09          |
| OTHER SERVICES/ALL X-OVERS | 1,160 | 3 <b>,</b> 252  | 48,493.18          | 14.91       | .572   | 41.80        | 8.52         |
| @PHARMACY                  | 4,616 | 135,256         | \$<br>2,319,109.60 | \$          | 23.771 | \$<br>502.41 | \$<br>407.58 |
| PRESCRIPTION DRUGS         | 4,551 | 25 <b>,</b> 128 | 2,253,494.50       | 89.68       | 4.416  | 495.16       | 396.04       |

| SNF/ICF                    | 83                    | 404            | 31,191.96        | •         | 77.21  | .071      | 375.81    |     | 5.48     |
|----------------------------|-----------------------|----------------|------------------|-----------|--------|-----------|-----------|-----|----------|
| OUTPATIENTS                | 4,507                 | 24,724         | 2,222,302.54     |           | 89.88  | 4.345     | 493.08    |     | 390.56   |
| MEDICAL SUPPLIES           | 601                   | 110,128        | 65,615.10        |           | .60    | 19.355    | 109.18    |     | 11.53    |
| @DENTIST                   | 340                   | 1,659 \$       | 62,399.46        | \$ :      | 37.61  | .292      | \$ 183.53 | \$  | 10.97    |
| VISITS - DIAGNOSTIC        | 229                   | 1,089          | 13,020.51        |           | 11.96  | .191      | 56.86     |     | 2.29     |
| ORAL SURGERY               | 45                    | 142            | 8,004.00         | !         | 56.37  | .025      | 177.87    |     | 1.41     |
| DRUGS                      | 0                     | 0              | .00              |           | .00    | .000      | .00       |     | .00      |
| ANESTHESIA                 | 0                     | 0              | .00              |           | .00    | .000      | .00       |     | .00      |
| PERIODONTICS               | 30                    | 39             | 4,656.00         | 1:        | 19.38  | .007      | 155.20    |     | .82      |
| ENDODONTICS                | 18                    | 24             | 5,770.00         | 2         | 40.42  | .004      | 320.56    |     | 1.01     |
| RESTORATIVE DENTISTRY      | 101                   | 220            | 15,361.15        | 4         | 69.82  | .039      | 152.09    |     | 2.70     |
| PROSTHETICS                | 7                     | 7              | 230.00           |           | 32.86  | .001      | 32.86     |     | .04      |
| DENTURES, STAYPLATES       | 41                    | 134            | 15,357.80        | 1:        | 14.61  | .024      | 374.58    |     | 2.70     |
| SPACE MAINTAINERS          | 0                     | 0              | .00              |           | .00    | .000      | .00       |     | .00      |
| MAXILLOFACIAL SERVICES     | 0                     | 0              | .00              |           | .00    | .000      | .00       |     | .00      |
| FRACTURES, DISLOCATIONS    | 0                     | 0              | .00              |           | .00    | .000      | .00       |     | .00      |
| ORTHODONTIC SERVICES       | 0                     | 0              | .00              |           | .00    | .000      | .00       |     | .00      |
| ALL OTHER SERVICES         | 6                     | 4              | .00              |           | .00    | .001      | .00       |     | .00      |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | D EXPENDITURES | MONTH-OF-PAYMENT | REPORT FO | OR JAN | 2004 THRU | DEC 2004  | PAG | E 10,606 |
| MOP024                     | FEE-FOR-SERVICE/DENT  | AL             |                  |           |        |           |           | (   | 03/14/05 |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

| SACRAMENTO COUNTI            | SUMMAKI OF SEK | VICES FOR IIILE | TT DT | SKEGAKD - DISABLE | D AI | D CODES 30 |          |              |     |          |
|------------------------------|----------------|-----------------|-------|-------------------|------|------------|----------|--------------|-----|----------|
|                              |                |                 |       |                   |      |            | M        |              | ΔGE |          |
| 5,690 ELIGIBLES              | USERS          | UNITS OF SERVIC |       | EXPENDITURES      |      | ERAGE COST |          | COST PER     |     | COST PER |
|                              |                | OR DAYS OF CAP  |       |                   |      | R UNIT/DAY | PER ELIG | USER         |     | ELIGIBLE |
| @OPTOMETRIST                 | 124            | 358             | \$    | 6,951.56          | \$   | 19.42      | .063     | \$<br>56.06  | \$  | 1.22     |
| DIAGNOSTIC AND ANC. PROCED   | 44             | 49              |       | 1,853.51          |      | 37.83      | .009     | 42.13        |     | .33      |
| EYE APPLIANCES               | 103            | 294             |       | 4,711.37          |      | 16.03      | .052     | 45.74        |     | .83      |
| OTHER OPTOMETRIC SERVICES    | 11             | 15              |       | 386.68            |      | 25.78      | .003     | 35.15        |     | .07      |
| @CHIROPRACTOR                | 0              | 0               | \$    | .00               | \$   | .00        | .000     | \$<br>.00    | \$  | .00      |
| VISITS                       | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| OTHER SERVICES               | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| @PODIATRIST                  | 160            | 414             | \$    | 2,785.96          | \$   | 6.73       | .073     | \$<br>17.41  | \$  | .49      |
| MEDICINE/INJECTIONS          | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| SURGERY/ANES.                | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| RADIO./PATHOLOGY             | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| OTHER                        | 160            | 414             |       | 2,785.96          |      | 6.73       | .073     | 17.41        |     | .49      |
| @HOME HEALTH AGENCY          | 2              | 14              | \$    | 1,003.31          | \$   | 71.67      | .002     | \$<br>501.66 | \$  | .18      |
| NURSE ANESTHESIST            | 3              | 50              | \$    | 122.62            | \$   | 2.45       | .009     | \$<br>40.87  | \$  | .02      |
| NURSE MIDWIFE                | 0              | 0               | \$    | .00               | \$   | .00        | .000     | \$<br>.00    | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0              | 0               | \$    | .00               | \$   | .00        | .000     | \$<br>.00    | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 0              | 0               | \$    | .00               | \$   | .00        | .000     | \$<br>.00    | \$  | .00      |
| @TOTAL HOSPITAL              | 418            | 2,689           | \$    | 216,539.17        | \$   | 80.53      | .473     | \$<br>518.04 | \$  | 38.06    |
| HOSP INPATIENT TOTAL         | 52             | 98              |       | 169,602.60        |      | 1730.64    | .017     | 3261.59      |     | 29.81    |
| HSC HOSPITALS                | 11             | 98              |       | 120,794.94        |      | 1232.60    | .017     | 10981.36     |     | 21.23    |
| NON-HSC HOSPITAL TOTAL       | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| ACCOMMODATIONS               | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| ADMINISTRATIVE DAYS          | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| TRANSITIONAL IP CARE         | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| ALL OTHER ACCOM              | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| ANCILLARIES                  | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| INPATIENT CROSSOVERS         | 41             | 0               |       | 48,807.66         |      | .00        | .000     | 1190.43      |     | 8.58     |
| ALL OTHER INPATIENT          | 0              | 0               |       | .00               |      | .00        | .000     | .00          |     | .00      |
| HOSP OUTPATIENT TOTAL        | 380            | 2,591           |       | 46,936.57         |      | 18.12      | .455     | 123.52       |     | 8.25     |
| MEDICAL                      | 4              | 14              |       | 1,348.30          |      | 96.31      | .002     | 337.08       |     | .24      |
| SURGERY                      | 6              | 6               |       | 377.19            |      | 62.87      | .001     | 62.87        |     | .07      |
| PATHOLOGY                    | 8              | 51              |       | 550.01            |      | 10.78      | .009     | 68.75        |     | .10      |

| RADIOLOGY                   | 3                        | 4        |              | 994.32     |       | 248.58   | .001      | 331.44    |    | .17         |
|-----------------------------|--------------------------|----------|--------------|------------|-------|----------|-----------|-----------|----|-------------|
| ROOM USE                    | 15                       | 24       |              | 1,216.19   |       | 50.67    | .004      | 81.08     |    | .21         |
| CROSSOVERS/ALL OTH OUTPTNT  | 367                      | 2,492    | 4            | 2,450.56   |       | 17.03    | .438      | 115.67    |    | 7.46        |
| @COUNTY HOSPITAL TOTAL      | 1                        | 4        | \$           | 136.49     | \$    | 34.12    | .001      | \$ 136.49 | \$ | .02         |
| CO HOSPITAL INPATIENT TOTAL | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| HSC HOSPITALS               | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| ACCOMMODATIONS              | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| ALL OTHER ACCOM             | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| ANCILLARIES                 | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| ALL OTHER INPATIENT         | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| CO HOSP OUTPATIENT TOTAL    | 1                        | 4        |              | 136.49     |       | 34.12    | .001      | 136.49    |    | .02         |
| MEDICAL                     | 1                        | 2        |              | 81.00      |       | 40.50    | .000      | 81.00     |    | .01         |
| SURGERY                     | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| PATHOLOGY                   | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| RADIOLOGY                   | 0                        | 0        |              | .00        |       | .00      | .000      | .00       |    | .00         |
| ROOM USE                    | 1                        | 1        |              | 36.88      |       | 36.88    | .000      | 36.88     |    | .01         |
| CROSSOVERS/ALL OTH OUTPINT  | 1                        | 1        |              | 18.61      |       | 18.61    | .000      | 18.61     |    | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | PENDITUR | ES MONTH-OF- | PAYMENT RI | EPORT | FOR JAN  | 2004 THRU | DEC 2004  | F  | PAGE 10,607 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |          |              |            |       |          |           |           |    | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | TITLE I  | I DISREGARD  | - DISABLE  | D AID | CODES 36 | 66 6C     |           |    |             |

D 7 D 7 O 7 O 7 I

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 5,690 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,685 \$ 417 216,402.68 \$ 80.60 .472 \$ 518.95 \$ 38.03 @COMMUNITY HOSPITAL TOTAL 52 98 1730.64 COMM HOSP INPATIENT TOTAL 169,602.60 .017 3261.59 29.81 1232.60 HSC HOSPITALS 11 98 120,794.94 .017 10981.36 21.23 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .000 .00 .00 41 0 INPATIENT CROSSOVERS 48,807.66 .000 1190.43 8.58 0 .00 .000 .00 ALL OTHER INPATIENT 0 .00 379 18.09 COMM HOSP OUTPATIENT TOTAL 2,587 46,800.08 .455 123.48 8.22 12 422.43 MEDICAL 3 1,267.30 105.61 .002 377.19 62.87 .001 62.87 SURGERY 51 550.01 PATHOLOGY 10.78 .009 68.75 .10 RADIOLOGY 3 4 994.32 248.58 .001 331.44 .17 23 51.27 .004 84.24 ROOM USE 14 1,179.31 .21 CROSSOVERS/ALL OTH OUTPTNT 366 2,491 42,431.95 17.03 .438 115.93 7.46 @STATE HOSPITAL 0 .00 \$ Ω .00 \$ .00 .000 \$ .00 0 .00 .00 .000 .00 MENTALLY ILL 0 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 542 91,778.47 \$ 169.33 .095 \$ 3399.20 \$ @NURSING FACILITY 16.13 0 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 121 13,031.72 107.70 6515.86 LEV B-REHAB MD .021 2.29 0 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 0 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 .00 0 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 421 78,746.75 187.05 3149.87 LEV B-REGULAR .074 13.84 @INTERMEDIATE CARE FACIL.-DD .00 \$ .00 .000 \$ .00 \$

| ICF DDH                      | 0                       | 0        |      | .00                 |       | .00         | .000    |     | .00    |    | .00        |
|------------------------------|-------------------------|----------|------|---------------------|-------|-------------|---------|-----|--------|----|------------|
| ICF DD                       | 0                       | 0        |      | .00                 |       | .00         | .000    |     | .00    |    | .00        |
| ICF DDN/DDCN                 | 0                       | 0        |      | .00                 |       | .00         | .000    |     | .00    |    | .00        |
| @HEMODIALYSIS TOTAL          | 65                      | 224      | \$   | 57,318.51           | \$    | 255.89      | .039    | \$  | 881.82 | \$ | 10.07      |
| HOSPITAL BASED               | 0                       | 0        |      | .00                 |       | .00         | .000    |     | .00    |    | .00        |
| HEMODIALYSIS CENTER          | 65                      | 224      |      | 57,318.51           |       | 255.89      | .039    |     | 881.82 |    | 10.07      |
| @REHABILITATION FACILITY     | 0                       | 0        | \$   | .00                 | \$    | .00         | .000    | \$  | .00    | \$ | .00        |
| HOSPITAL BASED               | 0                       | 0        |      | .00                 |       | .00         | .000    |     | .00    |    | .00        |
| INDEPENDENT FACILITY         | 0                       | 0        |      | .00                 |       | .00         | .000    |     | .00    |    | .00        |
| @LABORATORY FACILITY         | 24                      | 76       | \$   | 810.60              | \$    | 10.67       | .013    | \$  | 33.78  | \$ | .14        |
| PATHOLOGY                    | 20                      | 70       |      | 749.21              |       | 10.70       | .012    |     | 37.46  |    | .13        |
| XO AND OTHERS                | 4                       | 6        |      | 61.39               |       | 10.23       | .001    |     | 15.35  |    | .01        |
| @ORGANIZED OUTPATIENT CLINIC | 41                      | 93       | \$   | 3,876.17            | \$    | 41.68       | .016    | \$  | 94.54  | \$ | .68        |
| CLINIC                       | 9                       | 15       |      | 140.91              |       | 9.39        | .003    |     | 15.66  |    | .02        |
| SURGICENTER                  | 11                      | 36       |      | 1,849.19            |       | 51.37       | .006    |     | 168.11 |    | .32        |
| HEROIN DETOX CLINIC          | 2                       | 14       |      | 204.40              |       | 14.60       | .002    |     | 102.20 |    | .04        |
| RURAL HEALTH CLINIC          | 19                      | 28       |      | 1,681.67            |       | 60.06       | .005    |     | 88.51  |    | .30        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND E | XPENDITU | RES  | MONTH-OF-PAYMENT R  | EPORT | FOR JAN 200 | )4 THRU | DEC | 2004   | P  | AGE 10,608 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |          |      |                     |       |             |         |     |        |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FOR | TITLE    | II I | DISREGARD - DISABLE | D AID | CODES 36 66 | 6 6C    |     |        |    |            |

----- MONTHLY AVERAGE -----5,690 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 944 227,171.10 \$ 2.28 @ALL OTHER PROVIDERS 99,446 17.477 \$ 240.65 \$ 39.92 DURABLE MED. EQUIP. 44 204 12,793.15 62.71 .036 290.75 2.25 BLOOD BANK .00 .00 .000 .00 .00 2 287.51 95.84 HEARING AID DISPENSERS .001 143.76 .05 125 37,094.20 3.78 296.75 MEDICAL TRANSPORTATION 9,825 1.727 19 AMBULANCES/AIR TRANS 67 1,617.38 24.14 .012 85.13 87 OTHER TRANS 9,624 35,281.35 3.67 1.691 405.53 6.20 23 .024 OTHER SERVICES 134 195.47 1.46 8.50 .03 ACUPUNCTURE 7 27 459.56 17.02 .005 65.65 ADULT DAY HEALTH CARE CTR 30 506 33,700.42 66.60 .089 1123.35 5.92 GENETIC DISEASE TESTING 0 0 .00 .00 .000 .00 .00 1,947 68,728.00 1494.09 46 35.30 .342 IHMC, MODEL-NF, NF, AIDS, MSSP 12.08 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 0 .00 27.06 OPTICIAN 132 313 3,572.46 11.41 .055 .63 .00 PHYSICAL THERAPIST 0 .00 .000 .00 2.94 .59 PORTABLE X-RAY .001 1.47 .00 PROSTHETIST/ORTHOTISTS 78.21 19.55 26.07 .001 .01 78.21 19.55 26.07 PROSTHETICS .001 .00 .00 .000 .00 ORTHOTICS .00 PSYCHOLOGIST 4 4 153.84 38.46 .001 38.46 .03 18,011.94 40.57 147.64 SPEECH AND AUDIOLOGY 444 .078 HOSPICE SERVICES 1 17 1,931.54 113.62 .003 1931.54 .34 .00 .000 NONINST BIRTHING CENTERS Ω .00 .00 .00 488 6,039.58 12.38 503.30 LOCAL EDUCATION AGENCIES .086 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 0 .000 .00 0 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 0 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 44,317.75 15.054 ALL OTHER PROVIDERS 521 85,659 .52 85.06 7.79 15 1,033 8,550.04 \$ .182 \$ @CALIF. CHILDREN SERVICES\* 8.28 570.00 \$ 1.50 25,756 @XOVER EXCLUDING STATE HOSP\*\* 1,848 251,559.39 \$ 9.77 4.527 \$ 136.13 \$ 44.21

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 10,609

03/14/05

FEE-FOR-SERVICE/DENTAL

| SUMMARY | OF | SERVICES | FOR | TITLE | ΙI | DISREGARD · | - FAMILIES | DISCONTINUED |
|---------|----|----------|-----|-------|----|-------------|------------|--------------|
|---------|----|----------|-----|-------|----|-------------|------------|--------------|

| SACRAMENTO COUNTY          | SUMMARY OF SERV | ICES FOR | TITLLE 1 | . I D. | LSKEGARD | - FAMILIES | 5  | DISCONTING  |         | `  |          | CΠ. |          |
|----------------------------|-----------------|----------|----------|--------|----------|------------|----|-------------|---------|----|----------|-----|----------|
| 00 51 10151 50             |                 |          | 00011100 |        |          |            |    | D. C. C. C. | MO      |    |          | GE  |          |
| 00 ELIGIBLES               | USERS           | UNITS OF |          |        | EXPE     | INDITURES  |    | RAGE COST   |         | s' | COST PER |     | COST PER |
| _                          | _               | OR DAYS  | OF CARE  |        |          |            |    | . UNIT/DAY  |         |    | USER     |     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 0               |          | 0        | \$     |          | .00        | \$ | .00         | .000    | \$ | .00      | \$  | .00      |
| @PHYSICIANS SERVICES       | 0               |          | 0        | \$     |          | .00        | \$ | .00         |         | \$ | .00      | \$  | .00      |
| OUTPATIENT VISITS          | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| OFFICE VISITS              | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| HOME VISITS                | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| EMERGENCY ROOM             | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| PREVENTIVE CARE            | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| OB VISITS/COMPRE PERI      | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| OTHER OUTPATIENT           | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| INPATIENT VISITS           | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| HOSPITAL VISITS            | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| CRITICAL CARE              | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| SNF/ICF/TRANS IP CARE      | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| EXAMINATIONS               | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| SERVICES AND MATERIALS     | 0               |          | Ö        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| INPATIENT HOSPITAL SURGERY | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| PRINCIPAL SURGEON          | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ASSISTANT SURGEON          | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ANESTHESIOLOGIST           | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| OUTPATIENT SURGERY         | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
|                            | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| PRINCIPAL SURGEON          | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ASSISTANT SURGEON          | 0               |          | 0        |        |          |            |    |             |         |    |          |     |          |
| ANESTHESIOLOGIST           | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| DIALYSIS                   | 0               |          | -        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| PATHOLOGY                  | •               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| RADIOLOGY                  | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| PSYCHIATRY                 | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| IMMUNIZATION AND INJECTION | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| OTHER SERVICES/ALL X-OVERS | 0               |          | 0        | _      |          | .00        | _  | .00         | .000    | _  | .00      | _   | .00      |
| @PHARMACY                  | 0               |          | 0        | \$     |          | .00        | \$ | .00         | .000    | Ş  | .00      | \$  | .00      |
| PRESCRIPTION DRUGS         | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| SNF/ICF                    | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| OUTPATIENTS                | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| MEDICAL SUPPLIES           | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| @DENTIST                   | 0               |          | 0        | \$     |          | .00        | \$ | .00         |         | \$ | .00      | \$  | .00      |
| VISITS - DIAGNOSTIC        | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ORAL SURGERY               | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| DRUGS                      | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ANESTHESIA                 | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| PERIODONTICS               | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ENDODONTICS                | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| RESTORATIVE DENTISTRY      | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| PROSTHETICS                | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| DENTURES, STAYPLATES       | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| SPACE MAINTAINERS          | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| MAXILLOFACIAL SERVICES     | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| FRACTURES, DISLOCATIONS    | 0               |          | Ō        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ORTHODONTIC SERVICES       | 0               |          | 0        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| ALL OTHER SERVICES         | 0               |          | Ö        |        |          | .00        |    | .00         | .000    |    | .00      |     | .00      |
| 0111211 0211111020         | ĕ               |          | •        |        |          |            |    | • • •       | • • • • |    | • • •    |     | • • •    |

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,610

03/14/05

FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

| SACIAMENTO COUNTI            | SOMMANI OF SERVI | CED FOR  | 1111111 | T DI. | JINDGAIND | LWHITTED        | •  | DISCONTINO |            | `   |           | <b>с</b> п |          |
|------------------------------|------------------|----------|---------|-------|-----------|-----------------|----|------------|------------|-----|-----------|------------|----------|
| 00 81 1618186                | 11077            |          | ~====   |       |           | D T T T T D T O |    |            |            |     | HLY AVERA | .GĽ        |          |
| 00 ELIGIBLES                 | USERS            | UNITS OF | -       |       | EXPEN     | DITURES         |    |            | UNITS/DAYS | o i | COST PER  |            | COST PER |
|                              |                  | OR DAYS  |         | _     |           |                 |    | UNIT/DAY   | PER ELIG   | _   | USER      | _          | ELIGIBLE |
| @OPTOMETRIST                 | Ü                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| EYE APPLIANCES               | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| OTHER OPTOMETRIC SERVICES    | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| @CHIROPRACTOR                | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| VISITS                       | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| OTHER SERVICES               | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| @PODIATRIST                  | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| MEDICINE/INJECTIONS          | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| SURGERY/ANES.                | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| RADIO./PATHOLOGY             | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| OTHER                        | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| @HOME HEALTH AGENCY          | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| NURSE ANESTHESIST            | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| NURSE MIDWIFE                | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| FAMILY NURSE PRACTITIONER    | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| @TOTAL HOSPITAL              | 0                |          | 0       | \$    |           | .00             | \$ | .00        | .000       | \$  | .00       | \$         | .00      |
| HOSP INPATIENT TOTAL         | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| HSC HOSPITALS                | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| NON-HSC HOSPITAL TOTAL       | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| ACCOMMODATIONS               | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| ADMINISTRATIVE DAYS          | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| TRANSITIONAL IP CARE         | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| ALL OTHER ACCOM              | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
| ANCILLARIES                  | 0                |          | 0       |       |           | .00             |    | .00        | .000       |     | .00       |            | .00      |
|                              |                  |          |         |       |           |                 |    |            |            |     |           |            |          |

| INPATIENT CROSSOVERS  | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
|---|---|--|------------|---|--|---|--|---|
| ALL OTHER INPATIENT   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| HOSP OUTPATIENT TOTAL   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| MEDICAL   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| SURGERY   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| PATHOLOGY   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
|   | •   | 0  |            |   |  |   |  |   |
| RADIOLOGY   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| ROOM USE  | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| CROSSOVERS/ALL OTH OUTPTNT  | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| @COUNTY HOSPITAL TOTAL  | 0   | 0  | \$         | .00   | \$ .00   | .000  | \$ .00   | \$ .00  |
| CO HOSPITAL INPATIENT TOTAL   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| HSC HOSPITALS   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| NON-HSC HOSPITALS TOTAL   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
|   | 0   | 0  |            |   |  |   |  |   |
| ACCOMMODATIONS  | •   | U  |            | .00   | .00  | .000  | .00  | .00   |
| ADMINISTRATIVE DAYS   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| TRANSITIONAL IP CARE  | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| ALL OTHER ACCOM   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| ANCILLARIES   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| INPATIENT CROSSOVERS  | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| ALL OTHER INPATIENT   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
|   | 0   | 0  |            |   |  |   |  |   |
| CO HOSP OUTPATIENT TOTAL  | U   | U  |            | .00   | .00  | .000  | .00  | .00   |
| MEDICAL   | Ü   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| SURGERY   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| PATHOLOGY   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| RADIOLOGY   | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| ROOM USE  | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| CROSSOVERS/ALL OTH OUTPINT  | 0   | 0  |            | .00   | .00  | .000  | .00  | .00   |
| #CALIF DEPT OF HEALTH SERV  | · ·   | ES AND EXPENDITURE   | 'S MON     |   |  |   |  | PAGE 10,611   |
| #CALLE DEFI OF HEALTH SERV  | MEDI CAL SERVIC   |  |            |   |  |   |  | FAGE TOFOLL   |
| MODOOA  |   |  |            | 111 01 111111111111111111111  | 20112 2011 01111 2   |   |  |   |
| MOP024  | FEE-FOR-SERVICE   | /DENTAL  |            |   |  |   |  | 03/14/05  |
| MOP024<br>SACRAMENTO COUNTY   | FEE-FOR-SERVICE   |  |            |   |  | JED   |  | 03/14/05  |
|   | FEE-FOR-SERVICE   | /DENTAL  |            |   | DISCONTINU   | JED<br>MON  | NTHLY AVERA  | 03/14/05  |
|   | FEE-FOR-SERVICE   | /DENTAL  |            |   |  | JED<br>MON  | NTHLY AVERA  | 03/14/05  |
| SACRAMENTO COUNTY   | FEE-FOR-SERVICE<br>SUMMARY OF SERV  | /DENTAL<br>ICES FOR TITLE II   |            | EGARD - FAMILIES  | DISCONTINU   | JED<br>MON<br>UNITS/DAYS  | NTHLY AVERA  | 03/14/05<br>GE  |
| SACRAMENTO COUNTY   | FEE-FOR-SERVICE<br>SUMMARY OF SERV  | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE                                       |            | EGARD - FAMILIES  | DISCONTINU   | JED<br>MON<br>UNITS/DAYS  | NTHLY AVERA<br>COST PER<br>USER                                    | 03/14/05  GE  COST PER  ELIGIBLE  |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>0                            | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0                                     | DISR       | EGARD - FAMILIES EXPENDITURES .00                                     | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00                                      | JED MON UNITS/DAYS PER ELIG .000                                    | NTHLY AVERA<br>COST PER<br>USER<br>\$.00                           | 03/14/05  GE COST PER ELIGIBLE \$ .00                                     |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>0<br>0                       | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0                                   | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00                               | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00                                  | JED MON UNITS/DAYS PER ELIG .000                                    | NTHLY AVERA COST PER USER \$ .00                                   | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00                                 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>0<br>0<br>0                  | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0                                     | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00                           | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00                              | JED MON UNITS/DAYS PER ELIG .000 .000                               | NTHLY AVERA COST PER USER \$ .00 .00                               | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00                             |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>0<br>0                       | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0                                   | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00                       | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00                          | JED MON UNITS/DAYS PER ELIG .000 .000 .000                          | NTHLY AVERA COST PER USER \$ .00 .00 .00                           | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00                         |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0                         | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0                         | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00                   | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00                      | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000                     | NTHLY AVERA COST PER USER  .00 .00 .00 .00                         | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00                     |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0                       | /DENTAL ICES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0                                   | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00               | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00                  | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000                | NTHLY AVERA COST PER USER  .00 .00 .00 .00 .00                     | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00                 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0                   | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0                         | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00                   | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00                      | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000                     | NTHLY AVERA COST PER USER  .00 .00 .00 .00                         | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00                     |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0                       | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0                         | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00               | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00                  | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000                | NTHLY AVERA COST PER USER  .00 .00 .00 .00 .00                     | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00                 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0                   | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0                         | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00           | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00     | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000           | NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00               | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00             |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0             | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0                         | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00  | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA COST PER USER  00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00     |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0             | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0                         | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00  | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA COST PER USER  00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0             | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0                         | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 S .000 .000 .000 .000 .000 .000 .0 | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .00  | NTHLY AVERA COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .   | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00  | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .00  | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL                                     | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED                   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR<br>\$ | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR       | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED                   | FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | /DENTAL ICES FOR TITLE II  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | DISR<br>\$ | EGARD - FAMILIES  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | DISCONTINU  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | JED MON UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0   | NTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 . | 03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 |

| LEV B-REHAB MD               | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
|------------------------------|--------------------------|---------|------------|---------------|-----------|---------|---------|------|-----------|------|-----------|
| LEV B-SUBACUTE FREESTANDING  | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| LEV B-REGULAR                | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| @INTERMEDIATE CARE FACILDD   | 0                        | 0       | \$         | .00           | \$        | .00     | .000    | \$   | .00       | \$   | .00       |
| ICF DDH                      | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| ICF DD                       | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| ICF DDN/DDCN                 | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| @HEMODIALYSIS TOTAL          | 0                        | 0       | \$         | .00           | \$        | .00     | .000    | \$   | .00       | \$   | .00       |
| HOSPITAL BASED               | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| HEMODIALYSIS CENTER          | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| @REHABILITATION FACILITY     | 0                        | 0       | \$         | .00           | \$        | .00     | .000    | \$   | .00       | \$   | .00       |
| HOSPITAL BASED               | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| INDEPENDENT FACILITY         | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| @LABORATORY FACILITY         | 0                        | 0       | \$         | .00           | \$        | .00     | .000    | \$   | .00       | \$   | .00       |
| PATHOLOGY                    | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| XO AND OTHERS                | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 0                        | 0       | \$         | .00           | \$        | .00     |         | \$   | .00       | \$   | .00       |
| CLINIC                       | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| SURGICENTER                  | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| HEROIN DETOX CLINIC          | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| RURAL HEALTH CLINIC          | 0                        | 0       |            | .00           |           | .00     | .000    |      | .00       |      | .00       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EX | PENDITU | RES MONTH- | OF-PAYMENT RE | EPORT FOR | JAN 200 | )4 THRU | DEC  | 2004      | PAG  | GE 10,612 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL   |         |            |               |           |         |         |      |           |      | 03/14/05  |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FOR  | TITLE   | II DISREGA | RD - FAMILIES | 5 DISC    | ONTINUE |         |      |           |      |           |
|                              |                          |         |            |               |           |         | N       | ONTH | T.V AMERA | CF - |           |

|                                |       |                  |              |              | MON'       | THLY AVERAG | E        |
|--------------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 00 ELIGIBLES                   | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                                |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00         | \$ .00   |
| DURABLE MED. EQUIP.            | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| BLOOD BANK                     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| HEARING AID DISPENSERS         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| MEDICAL TRANSPORTATION         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| AMBULANCES/AIR TRANS           | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OTHER TRANS                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OTHER SERVICES                 | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ACUPUNCTURE                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| GENETIC DISEASE TESTING        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OCCUPATIONAL THERAPIST         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OPTICIAN                       | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PHYSICAL THERAPIST             | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PORTABLE X-RAY                 | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PROSTHETICS                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ORTHOTICS                      | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PSYCHOLOGIST                   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| SPEECH AND AUDIOLOGY           | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| HOSPICE SERVICES               | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| NONINST BIRTHING CENTERS       | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LOCAL EDUCATION AGENCIES       | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| RESPIRATORY CARE PRACT.        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
|                                |       |                  |              |              |            |             |          |

| ALL OTHER PROVIDERS           | 0 | 0    | .00 | .00    | .000    | .00    | .00 |
|-------------------------------|---|------|-----|--------|---------|--------|-----|
| @CALIF. CHILDREN SERVICES*    | 0 | 0 \$ | .00 | \$ .00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 \$ | .00 | \$ .00 | .000 \$ | .00 \$ | .00 |

PAGE 10,613 03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR TITLE . | II DIS | REGARD - TOTAL     |               |           |        | <b>C</b> E |          |
|----------------------------|----------------|-------------------|--------|--------------------|---------------|-----------|--------|------------|----------|
| 0 664 FLIGTRIFG            | HORDO          | INITES OF SERVICE | _      |                    | 317ED36E 666E | MON       |        | -          |          |
| 9,664 ELIGIBLES            | USERS          | UNITS OF SERVICE  |        | EXPENDITURES       | AVERAGE COST  |           |        |            | COST PER |
|                            |                | OR DAYS OF CAR    |        |                    | PER UNIT/DAY  |           | USER   |            | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 8,359          | 400,147           | \$     | 4,623,575.19       | \$ 11.55      | 41.406    |        |            | 478.43   |
| @PHYSICIANS SERVICES       | 1,980          | 5,686             | \$     |                    | \$ 14.87      | .588 \$   |        | \$         | 8.75     |
| OUTPATIENT VISITS          | 68             | 78                |        | 2,089.43           | 26.79         | .008      | 30.73  |            | .22      |
| OFFICE VISITS              | 64             | 73                |        | 1,797.37           | 24.62         | .008      | 28.08  |            | .19      |
| HOME VISITS                | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| EMERGENCY ROOM             | 4              | 4                 |        | 225.90             | 56.48         | .000      | 56.48  |            | .02      |
| PREVENTIVE CARE            | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| OB VISITS/COMPRE PERI      | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| OTHER OUTPATIENT           | 1              | 1                 |        | 66.16              | 66.16         | .000      | 66.16  |            | .01      |
| INPATIENT VISITS           | 8              | 15                |        | 345.51             | 23.03         | .002      | 43.19  |            | .04      |
| HOSPITAL VISITS            | 6              | 10                |        | 271.21             | 27.12         | .001      | 45.20  |            | .03      |
| CRITICAL CARE              | 1              | 2                 |        | .00                | .00           | .000      | .00    |            | .00      |
| SNF/ICF/TRANS IP CARE      | 2              | 3                 |        | 74.30              | 24.77         | .000      | 37.15  |            | .01      |
| OPHTHALMOLOGICAL SERVICES  | 6              | 6                 |        | 118.12             | 19.69         | .001      | 19.69  |            | .01      |
| EXAMINATIONS               | 6              | 6                 |        | 118.12             | 19.69         | .001      | 19.69  |            | .01      |
| SERVICES AND MATERIALS     | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| INPATIENT HOSPITAL SURGERY | 4              | 49                |        | 3,448.70           | 70.38         | .005      | 862.18 |            | .36      |
| PRINCIPAL SURGEON          | 3              | 9                 |        | 2,487.89           | 276.43        | .001      | 829.30 |            | .26      |
| ASSISTANT SURGEON          | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| ANESTHESIOLOGIST           | 3              | 40                |        | 960.81             | 24.02         | .004      | 320.27 |            | .10      |
| OUTPATIENT SURGERY         | 26             | 101               |        | 2,879.46           | 28.51         | .010      | 110.75 |            | .30      |
| PRINCIPAL SURGEON          | 6              | 6                 |        | 289.05             | 48.18         | .001      | 48.18  |            | .03      |
| ASSISTANT SURGEON          | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| ANESTHESIOLOGIST           | 20             | 95                |        | 2,590.41           | 27.27         | .010      | 129.52 |            | .27      |
|                            | 20             | 95                |        |                    |               |           |        |            | .02      |
| DIALYSIS                   | 19             | 38                |        | 225.04             | 225.04        | .000      | 225.04 |            |          |
| PATHOLOGY                  |                |                   |        | 248.44             | 6.54          | .004      | 13.08  |            | .03      |
| RADIOLOGY                  | 18             | 25                |        | 1,597.61           | 63.90         | .003      | 88.76  |            | .17      |
| PSYCHIATRY                 | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| IMMUNIZATION AND INJECTION | 5              | 42                |        | 498.53             | 11.87         | .004      | 99.71  |            | .05      |
| OTHER SERVICES/ALL X-OVERS | 1,893          | 5,331             | _      | 73,081.53          | 13.71         | .552      | 38.61  | _          | 7.56     |
| @PHARMACY                  | 7,689          | 271,403           | \$     |                    | \$ 12.00      | 28.084 \$ |        | Ş          | 336.90   |
| PRESCRIPTION DRUGS         | 7,584          | 40,397            |        | 3,149,527.59       | 77.96         | 4.180     | 415.29 |            | 325.90   |
| SNF/ICF                    | 155<br>7 505   | 1,026             |        | 59,929.32          | 58.41         | .106      | 386.64 |            | 6.20     |
| OUTEATTENTS                | /              | 39 <b>,</b> 371   |        | 3,089,598.27       | 78.47         | 4.074     | 411.67 |            | 319.70   |
| MEDICAL SUPPLIES           | 1,048          | 231,006           |        | 106,245.65         | .46           | 23.904    | 101.38 |            | 10.99    |
| @DENTIST                   | 479<br>314     | 2,125             | \$     | 85 <b>,</b> 427.16 | \$ 40.20      | .220 \$   |        | \$         | 8.84     |
| VISITS - DIAGNOSTIC        | 314            | 1,403             |        | 16,863.21          | 12.02         | .145      | 53.70  |            | 1.74     |
| ORAL SURGERY               | 59             | 161               |        | 8,948.00           | 55.58         | .017      | 151.66 |            | .93      |
| DRUGS                      | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| ANESTHESIA                 | 0              | 0                 |        | .00                | .00           | .000      | .00    |            | .00      |
| PERIODONTICS               | 36             | 45                |        | 5,364.00           | 119.20        | .005      | 149.00 |            | .56      |
| ENDODONTICS                | 24             | 31                |        | 6,890.00           | 222.26        | .003      | 287.08 |            | .71      |
| RESTORATIVE DENTISTRY      | 122            | 259               |        | 18,352.90          | 70.86         | .027      | 150.43 |            | 1.90     |
| PROSTHETICS                | 8              | 8                 |        | 260.00             | 32.50         | .001      | 32.50  |            | .03      |
|                            |                |                   |        |                    |               |           |        |            |          |

| DENTURES, STAYPLATES       | 83                   | 214             | 28,749.05               | 134.34  | .022         | 346.37 | 2.97        |
|----------------------------|----------------------|-----------------|-------------------------|---------|--------------|--------|-------------|
| SPACE MAINTAINERS          | 0                    | 0               | .00                     | .00     | .000         | .00    | .00         |
| MAXILLOFACIAL SERVICES     | 0                    | 0               | .00                     | .00     | .000         | .00    | .00         |
| FRACTURES, DISLOCATIONS    | 0                    | 0               | .00                     | .00     | .000         | .00    | .00         |
| ORTHODONTIC SERVICES       | 0                    | 0               | .00                     | .00     | .000         | .00    | .00         |
| ALL OTHER SERVICES         | 7                    | 4               | .00                     | .00     | .000         | .00    | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ND EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DE | C 2004 | PAGE 10,614 |
| MOP024                     | FEE-FOR-SERVICE/DENT | PAL PAL         |                         |         |              |        | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES  | FOR TITLE II    | DISREGARD - TOTAL       |         |              |        |             |

| 9, 664 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES PREVENTED TO REPORT OF SERVICE OF SERVICES OF  | SACRAMENTO COUNTI            | SUMMARI OF SER | VICES FOR IIILE | דת דד ק  | ISREGARD - IOIAL |          |            | M    |          | מייינגע איייי | CE       |       |
|--|------------------------------|----------------|-----------------|----------|------------------|----------|------------|------|----------|---------------|----------|-------|
| OR DAYS OF CARE  | 0 664 FITCIBLES              | HCEDC          | IINITE OF CEDIA | CE       | EADENDIMIDES     | 7.17     | EDACE COCH |      |          |               | 1GE      |       |
| ## OPTIONETRIST   179   500 \$ 9,502.07 \$ 19,00   .052 \$ 53.08 \$ .98   DIAGNOSTIC AND ANC. PROCED   54   60   2,212.41   36.87   .006   40.97   .23   EYE APPLIANCES   144   408   6,651.78   16.30   .042   46.19   .69   OTHER OPTIONETRIC SERVICES   19   32   637.88   19.93   .003   33.57   .007   ## CHIRGOFRACTOR   1   1   1   1   16.72   16.72   .000   .00   .00   OTHER SERVICES   1   1   1   16.72   16.72   .000   .00   .00   OTHER SERVICES   1   1   1   16.72   16.72   .000   .00   .00   .00   OTHER SERVICES   1   1   1   16.72   16.72   .000   .00   .00   .00   .00   OTHER SERVICES   1   1   1   16.72   16.72   .000   .00   .00   .00   .00   .00   .00   OTHER SERVICES   278   663   5.55.29   5.55   .062   51.85   5.50   .00  | 9,004 ELIGIBLES              | CAECO          |                 |          | EXECUDITORES     |          |            |      |          |               |          |       |
| DIAGNOSTIC AND ANC. PROCED   54   60   2,212.41   36.87   .006   40.97   .23   EYR APPLIANCES   14   408   6,651.78   16.30   .042   46.19   .69   OTHER OFTOMETRIC SERVICES   19   32   637.88   19.93   .003   33.57   .07   RCHINOPPACTOR   1   1   1   8   16.72   516.72   .000   516.72   .07   VISITS   0   0   0   .00   .00   .00   .00   .00   PODIATRIST   278   603   5,152.93   8.55   .662   18.54   \$ .53   MEDICINE/INJECTIONS   0   0   0   .00   .00   .00   .00   .00   SUNGRRY/ANES.   0   0   0   .00   .00   .00   .00   .00   SUNGRRY/ANES.   0   0   0   .00   .00   .00   .00   .00   CARIDIO, PATHOLOGY   0   0   0   .00   .00   .00   .00   .00   CARRIDO, PATHOLOGY   2   14   8   1.005.18   8   7.57   .01   8   51.66   8   .13   NURSE AMESTHESIST   5   61   8   161.27   8   2.44   .00   8   32.25   8   .00   FAMILY NURSE PRACTITIONER   0   0   8   0.00   8   .00   8   .00   FAMILY NURSE PRACTITIONER   0   0   8   .00   8   .00   8   .00   8   .00   FOOTAL MUSSE PRACTITIONER   0   0   5   .00   .00   .00   .00   .00   .00   FOOTAL MUSSE PRACTITIONER   0   0   5   .00   .00   .00   .00   .00   .00   FOOTAL MUSSE PRACTITIONER   0   0   5   .00   .00   .00   .00   .00   .00   FOOTAL MUSSE PRACTITIONER   0   0   5   .00   .00   .00   .00   .00   .00   FOOTAL MUSSE PRACTITIONER   0   0   5   .00   .00   .00   .00   .00   .00   FOOTAL MUSSE PRACTITIONER   0   0   0   0   0   .00   .00   .00   .00   .00   .00   FOOTAL MUSSE PRACTITIONER   0   0   0   0   0   .00   .00   .00   .00   .00   .00   FOOTAL MUSSE PRACTITIONER   0   0   0   0   0   .00   | AODHOMEHD I CH               | 170            |                 |          | 0 502 07         |          |            |      |          |               | ċ        |       |
| FYE APPLIANCES   144   408   | -                            |                |                 | ۲        | •                | ۲        |            |      | ۲        |               | ې        |       |
| OTHER OPTOMETRIC SERVICES 19 32 637.88 19.93 .003 33.57 .077 CEHIROPRACTOR 1 1 1 \$ 16.72 \$ 16.72 \$ 0.00 \$ 16.72 \$ .00   |                              | ~ -            |                 |          |                  |          |            |      |          |               |          |       |
| ## CHIRDPRACTOR  |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| VISITS   |                              |                |                 | <b>^</b> |                  | <u> </u> |            |      | <u>^</u> |               | <u> </u> |       |
| OTHER SERVICES   | • -                          |                |                 | \$       |                  | \$       |            |      | Ş        |               | Ş        |       |
| PODIATRIST   |                              | •              |                 |          |                  |          |            |      |          |               |          |       |
| MEDICINE/INJECTIONS  |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| SURGERY/ANDES.   0   | -                            |                |                 | Ş        | •                | Ş        |            |      | Ş        |               | Ş        |       |
| RADIO   PATHOLOGY  |                              | -              |                 |          |                  |          |            |      |          |               |          |       |
| OTHER   278  |                              | •              | •               |          |                  |          |            |      |          |               |          |       |
| BHOME HEALTH AGENCY   2  | RADIO./PATHOLOGY             | · ·            | 0               |          |                  |          |            | .000 |          | .00           |          | .00   |
| NURSE ANESTHESIST 5 61 \$ 161.27 \$ 2.64 .006 \$ 32.25 \$ .02 NURSE MIDWIFE  | OTHER                        |                | 603             |          | 5,152.93         |          | 8.55       |      |          |               |          | .53   |
| NURSE MIDWIFE 0 0 0 \$ .0 | @HOME HEALTH AGENCY          | 2              | 14              | \$       | 1,003.31         | \$       | 71.67      | .001 | \$       | 501.66        | \$       | .10   |
| PEDIATRIC NURSE PRACTITIONER   | NURSE ANESTHESIST            | 5              | 61              |          | 161.27           | \$       |            |      | \$       | 32.25         | \$       | .02   |
| PEDIATRIC NURSE PRACTITIONER   | NURSE MIDWIFE                | 0              | 0               | \$       | .00              | \$       | .00        | .000 | \$       | .00           | \$       | .00   |
| ## PAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .   | PEDIATRIC NURSE PRACTITIONER | 0              | 0               |          | .00              | \$       | .00        | .000 | \$       | .00           | \$       | .00   |
| ## HOSP INPATIENT TOTAL  | FAMILY NURSE PRACTITIONER    | 0              | 0               |          | .00              | \$       | .00        | .000 | \$       | .00           | \$       | .00   |
| HOSP INPATIENT TOTAL   | @TOTAL HOSPITAL              | 672            | 4,455           | Ś        | 260,847.83       | Ś        |            | .461 | Ś        |               | Ś        | 26.99 |
| HSC HOSPITALS  | -                            |                | •               | •        |                  |          |            |      |          |               |          |       |
| NON-HSC HOSPITAL TOTAL   0   |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                              | -              |                 |          |                  |          |            |      |          |               |          |       |
| TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  |                              | -              |                 |          |                  |          |            |      |          |               |          |       |
| ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                              | · ·            |                 |          |                  |          |            |      |          |               |          |       |
| ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                              | -              |                 |          |                  |          |            |      |          |               |          |       |
| INPATIENT CROSSOVERS   |                              | •              |                 |          |                  |          |            |      |          |               |          |       |
| ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                              | •              | 7               |          |                  |          |            |      |          |               |          |       |
| HOSP OUTPATIENT TOTAL   609  |                              | • •            |                 |          | •                |          |            |      |          |               |          |       |
| MEDICAL         5         15         1,348.30         89.89         .002         269.66         .14           SURGERY         7         7         446.38         63.77         .001         63.77         .05           PATHOLOGY         10         73         677.05         9.27         .008         67.71         .07           RADIOLOGY         3         4         994.32         248.58         .000         331.44         .10           ROOM USE         15         24         1,216.19         50.67         .002         81.08         .13           CROSSOVERS/ALL OTH OUTPTNT         594         4,234         66,789.91         15.77         .438         112.44         6.91           @COUNTY HOSPITAL TOTAL         1         4         \$         136.49         \$         34.12         .000         \$         101         .00  |                              | -              |                 |          |                  |          |            |      |          |               |          |       |
| SURGERY         7         7         7         446.38         63.77         .001         63.77         .05           PATHOLOGY         10         73         677.05         9.27         .008         67.71         .07           RADIOLOGY         3         4         994.32         248.58         .000         331.44         .10           ROOM USE         15         24         1,216.19         50.67         .002         81.08         .13           CROSSOVERS/ALL OTH OUTPTNT         594         4,234         66,789.91         15.77         .438         112.44         6.91           GCOUNTY HOSPITAL TOTAL         1         4         \$         136.49         \$         34.12         .00         \$         136.49         \$         .01           CO HOSPITAL INPATIENT TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00           HSC HOSPITALS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 </td <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                              |                | •               |          |                  |          |            |      |          |               |          |       |
| PATHOLOGY 10 73 677.05 9.27 .008 67.71 .07 RADIOLOGY 3 4 994.32 248.58 .000 331.44 .10 ROOM USE 15 24 1,216.19 50.67 .002 81.08 .13 CROSSOVERS/ALL OTH OUTPTNT 594 4,234 66,789.91 15.77 .438 112.44 6.91 GCOUNTY HOSPITAL TOTAL 1 4 \$ 136.49 \$ 34.12 .000 \$ 136.49 \$ .01 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00  |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| RADIOLOGY 3 4 994.32 248.58 .000 331.44 .10 ROOM USE 15 24 1,216.19 50.67 .002 81.08 .13 CROSSOVERS/ALL OTH OUTPTNT 594 4,234 66,789.91 15.77 .438 112.44 6.91 @COUNTY HOSPITAL TOTAL 1 4 \$ 136.49 \$ 34.12 .000 \$ 136.49 \$ .01 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00   |                              | •              |                 |          |                  |          |            |      |          |               |          |       |
| ROOM USE         15         24         1,216.19         50.67         .002         81.08         .13           CROSSOVERS/ALL OTH OUTPINT         594         4,234         66,789.91         15.77         .438         112.44         6.91           @COUNTY HOSPITAL TOTAL         1         4         \$         136.49         \$         34.12         .000         \$         136.49         \$         .01           CO HOSPITAL INPATIENT TOTAL         0         0         .00   |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| CROSSOVERS/ALL OTH OUTPTNT         594         4,234         66,789.91         15.77         .438         112.44         6.91           @COUNTY HOSPITAL TOTAL         1         4         \$         136.49         \$         34.12         .000         \$         136.49         \$         .01           CO HOSPITAL INPATIENT TOTAL         0         0         .00  |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| @COUNTY HOSPITAL TOTAL         1         4         \$         136.49         \$         34.12         .000         \$         136.49         \$         .01           CO HOSPITAL INPATIENT TOTAL         0         0         .00  |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| CO HOSPITAL INPATIENT TOTAL         0         0         .00  |                              |                |                 |          |                  |          |            |      |          |               |          |       |
| HSC HOSPITALS       0       0       .00  | @COUNTY HOSPITAL TOTAL       |                |                 | \$       | 136.49           | \$       |            |      | \$       |               | \$       | .01   |
| NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00   | CO HOSPITAL INPATIENT TOTAL  | -              |                 |          | .00              |          | .00        | .000 |          | .00           |          | .00   |
| ACCOMMODATIONS 0 0 0 0 00 00 00 00 00 00 00 00 ADMINISTRATIVE DAYS 0 0 0 0 00 00 00 00 00 00 00 00 00 00   |                              | •              | _               |          |                  |          |            |      |          | .00           |          | .00   |
| ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                              | •              |                 |          | .00              |          | .00        | .000 |          | .00           |          | .00   |
| TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00   | ACCOMMODATIONS               | 0              |                 |          | .00              |          | .00        | .000 |          | .00           |          | .00   |
| ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00  | ADMINISTRATIVE DAYS          | •              |                 |          | .00              |          | .00        | .000 |          | .00           |          | .00   |
| · · · · · · · · · · · · · · · · · ·  | TRANSITIONAL IP CARE         | 0              | 0               |          | .00              |          | .00        | .000 |          | .00           |          | .00   |
| ANCILLARIES 0 0 .00 .00 .00 .00 .00  | ALL OTHER ACCOM              | 0              | 0               |          | .00              |          | .00        | .000 |          | .00           |          | .00   |
|  | ANCILLARIES                  | 0              | 0               |          | .00              |          | .00        | .000 |          | .00           |          | .00   |

| INPATIENT CROSSOVERS       | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
|----------------------------|------------------|------------|------------|----------|-------------|-------|------------|----------|------|------------|----|-------------|
| ALL OTHER INPATIENT        | 0                |            | 0          |          | .00         |       | .00        | .000     |      | .00        |    | .00         |
| CO HOSP OUTPATIENT TOTAL   | 1                |            | 4          |          | 136.49      |       | 34.12      | .000     |      | 136.49     |    | .01         |
| MEDICAL                    | 1                |            | 2          |          | 81.00       |       | 40.50      | .000     |      | 81.00      |    | .01         |
| SURGERY                    | 0                |            | 0          |          | .00         |       | .00        | .000     |      | .00        |    | .00         |
| PATHOLOGY                  | 0                |            | 0          |          | .00         |       | .00        | .000     |      | .00        |    | .00         |
| RADIOLOGY                  | 0                |            | 0          |          | .00         |       | .00        | .000     |      | .00        |    | .00         |
| ROOM USE                   | 1                |            | 1          |          | 36.88       |       | 36.88      | .000     |      | 36.88      |    | .00         |
| CROSSOVERS/ALL OTH OUTPINT | 1                |            | 1          |          | 18.61       |       | 18.61      | .000     |      | 18.61      |    | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXI | PENDITURES | MONTH-C  | F-PAYMENT   | REPOR |            |          |      |            | 1  | PAGE 10,615 |
| MOP024                     | FEE-FOR-SERVICE  |            |            |          |             |       |            |          |      |            |    | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERV  | ICES FOR   | TITLE II   | DISREGAE | RD - TOTAL  |       |            |          |      |            |    |             |
|                            |                  |            |            |          |             |       |            |          | MONT | THLY AVERA | GE |             |
| 9,664 ELIGIBLES            | USERS            | UNITS OF   | SERVICE    | EΣ       | KPENDITURES | S AV  | ERAGE COST | UNITS/DA | YS   | COST PER   |    | COST PER    |
| ,                          |                  | OR DAYS    | OF CARE    |          |             | PE    | R UNIT/DAY | PER ELI  | G    | USER       |    | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL  | 671              | 4          | 4,451 \$   |          | 260,711.34  | \$    | 58.57      | .461     | \$   | 388.54     | \$ | 26.98       |
| COMM HOSP INPATIENT TOTAL  | 77               |            | 98         |          | 189,375.68  | 3     | 1932.40    | .010     |      | 2459.42    |    | 19.60       |
| HSC HOSPITALS              | 11               |            | 98         |          | 120,794.94  | ļ.    | 1232.60    | .010     |      | 10981.36   |    | 12.50       |
| NON-HSC HOSPITALS TOTAL    | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
| ACCOMMODATIONS             | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
| ADMINISTRATIVE DAYS        | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
| TRANSITIONAL IP CARE       | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
| ALL OTHER ACCOM            | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
| ANCILLARIES                | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
| INPATIENT CROSSOVERS       | 66               |            | 0          |          | 68,580.74   | ļ     | .00        | .000     |      | 1039.10    |    | 7.10        |
| ALL OTHER INPATIENT        | 0                |            | 0          |          | .00         | )     | .00        | .000     |      | .00        |    | .00         |
| COMM HOSP OUTPATIENT TOTAL | 608              | 4          | 4,353      |          | 71,335.66   | 5     | 16.39      | .450     |      | 117.33     |    | 7.38        |
| MEDICAL                    | 4                |            | 13         |          | 1,267.30    | )     | 97.48      | .001     |      | 316.83     |    | .13         |
| SURGERY                    | 7                |            | 7          |          | 446.38      | 3     | 63.77      | .001     |      | 63.77      |    | .05         |
| PATHOLOGY                  | 10               |            | 73         |          | 677.05      | 5     | 9.27       | .008     |      | 67.71      |    | .07         |
| RADIOLOGY                  | 3                |            | 4          |          | 994.32      | 2     | 248.58     | .000     |      | 331.44     |    | .10         |
| ROOM USE                   | 14               |            | 23         |          | 1,179.31    | -     | 51.27      | .002     |      | 84.24      |    | .12         |
|                            |                  |            |            |          |             |       |            |          |      |            |    |             |

| CROSSOVERS/ALL OTH OUTPINT   | 593             | 4,233                | 66,771.30         | )       | 15.77                    | .438      |                | 112.60          |    | 6.91        |
|------------------------------|-----------------|----------------------|-------------------|---------|--------------------------|-----------|----------------|-----------------|----|-------------|
| @STATE HOSPITAL              | 1               | 226 \$               |                   |         | 683.12                   | .023      | \$1            | 54385.67        | \$ | 15.98       |
| MENTALLY ILL                 | 0               | 0                    | .00               | )       | .00                      | .000      |                | .00             |    | .00         |
| DEVELOP. DISABLED            | 1               | 226                  | 154,385.67        | 7       | 683.12                   | .023      | 1              | 54385.67        |    | 15.98       |
| @NURSING FACILITY            | 101             | 1,858 \$             |                   |         | 188.23                   | .192      | \$             | 3462.68         | \$ | 36.19       |
| LEV A-INTERMEDIATE           | 0               | 0                    | .00               |         | .00                      | .000      |                | .00             | •  | .00         |
| LEV B-REHAB MD               | 2               | 121                  | 13,031.72         |         | 107.70                   | .013      |                | 6515.86         |    | 1.35        |
| LEV B-SUBACUTE FREESTANDING  |                 |                      | .00               |         | .00                      | .000      |                | .00             |    | .00         |
| LEV B-SUBACUTE HSPTL BASED   | 0               | 0                    | .00               |         | .00                      | .000      |                | .00             |    | .00         |
| LEV B-TRANSITIONAL IP CARE   | 0               | 0                    | .00               |         | .00                      | .000      |                | .00             |    | .00         |
| LEV B-REGULAR                | 99              | 1,737                | 336,698.75        |         | 193.84                   | .180      |                | 3401.00         |    | 34.84       |
| @INTERMEDIATE CARE FACILDD   | 0               | 0 \$                 | -                 |         | .00                      | .000      | Ś              | .00             | Ś  | .00         |
| ICF DDH                      | 0               | 0                    | .00               |         | .00                      | .000      | Ψ.             | .00             | Τ. | .00         |
| ICF DD                       | 0               | 0                    | .00               |         | .00                      | .000      |                | .00             |    | .00         |
| ICF DDN/DDCN                 | 0               | 0                    | .00               |         | .00                      | .000      |                | .00             |    | .00         |
| @HEMODIALYSIS TOTAL          | 95              | 263 \$               |                   |         | 299.35                   | .027      | \$             | 828.72          | Ś  | 8.15        |
| HOSPITAL BASED               | 0               | 0                    | .00               |         | .00                      | .000      | Υ              | .00             | Y  | .00         |
| HEMODIALYSIS CENTER          | 95              | 263                  | 78,728.86         |         | 299.35                   | .027      |                | 828.72          |    | 8.15        |
| @REHABILITATION FACILITY     | 0               | 0 \$                 |                   |         | .00                      | .000      | Ś              | .00             | Ś  | .00         |
| HOSPITAL BASED               | 0               | 0                    | .00               |         | .00                      | .000      | Y              | .00             | Y  | .00         |
| INDEPENDENT FACILITY         | 0               | 0                    | .00               |         | .00                      | .000      |                | .00             |    | .00         |
| @LABORATORY FACILITY         | 29              | 84 \$                |                   |         | 11.55                    | .009      | Ś              | 33.46           | \$ | .10         |
| PATHOLOGY                    | 29              | 70                   | 749.21            |         | 10.70                    | .009      | Ą              | 37.46           | Ą  | .08         |
| XO AND OTHERS                | 20              | 14                   | 221.03            |         | 15.79                    | .007      |                | 24.56           |    | .08         |
|                              | 62              | 144 \$               |                   |         | 52.63                    |           | Ś              |                 | Ś  | .78         |
| @ORGANIZED OUTPATIENT CLINIC |                 |                      | .,                |         |                          | .015      | Ş              |                 | Ş  |             |
| CLINIC                       | 15<br>19        | 33<br>54             | 1,300.74          |         | 39.42<br>66.70           | .003      |                | 86.72<br>189.56 |    | .13<br>.37  |
| SURGICENTER                  |                 |                      | 3,601.59          |         |                          | .006      |                |                 |    |             |
| HEROIN DETOX CLINIC          | 2<br>26         | 14<br>43             | 204.40            |         | 14.60                    | .001      |                | 102.20          |    | .02         |
| RURAL HEALTH CLINIC          |                 |                      | 2,472.16          |         | 57.49                    | .004      | 550            | 95.08           | _  | .26         |
| #CALIF DEPT OF HEALTH SERV   |                 | CES AND EXPENDITURES | MONTH-OF-PAYMENT  | REPOR   | T FOR JAN                | 2004 THRU | DEC            | 2004            | P  | PAGE 10,616 |
| MOP024                       | FEE-FOR-SERVICE |                      | D.T.G.D.T.G.1.D.D |         |                          |           |                |                 |    | 03/14/05    |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | VICES FOR TITLE II   | DISREGARD - TOTAL |         |                          | 7         | <b>√</b> ○NIII | HLY AVERA       | CE |             |
| 9,664 ELIGIBLES              | USERS           | UNITS OF SERVICE     | EXPENDITURES      | 7 7 7 7 | ERAGE COST               |           |                | COST PER        | -  | COST PER    |
| 9,004 ELIGIBLES              | USEKS           | OR DAYS OF CARE      | EXPENDITORES      |         | ERAGE COST<br>R UNIT/DAY |           |                | USER            |    | ELIGIBLE    |
| @ALL OTHER PROVIDERS         | 1,546           | 112,724 \$           | 329,764.16        |         | 2.93                     | 11.664    |                | 213.30          | \$ | 34.12       |
|                              | •               |                      | •                 |         |                          |           | Ş              |                 | Ş  |             |
| DURABLE MED. EQUIP.          | 62<br>0         | 230                  | 17,393.16         |         | 75.62<br>.00             | .024      |                | 280.53          |    | 1.80        |
| BLOOD BANK                   | 12              | •                    | .00               |         |                          | .000      |                | .00             |    |             |
| HEARING AID DISPENSERS       |                 | 11 246               | 2,401.81          |         | 133.43                   | .002      |                | 200.15          |    | .25         |
| MEDICAL TRANSPORTATION       | 207             | 11,246               | 43,242.26         |         | 3.85                     | 1.164     |                | 208.90          |    | 4.47        |
| AMBULANCES/AIR TRANS         | 34              | 98                   | 2,388.89          |         | 24.38                    | .010      |                | 70.26           |    | .25         |
| OTHER TRANS                  | 134             | 10,848               | 40,202.99         |         | 3.71                     | 1.123     |                | 300.02          |    | 4.16        |
| OTHER SERVICES               | 50              | 300                  | 650.38            |         | 2.17                     | .031      |                | 13.01           |    | .07         |
| ACUPUNCTURE                  | 8               | 29                   | 502.81            |         | 17.34                    | .003      |                | 62.85           |    | .05         |
| ADULT DAY HEALTH CARE CTR    | 72              | 1,048                | 71,423.22         |         | 68.15                    | .108      |                | 991.99          |    | 7.39        |

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GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP

| HOSPICE SERVICES                  | 3                       | 47              |         | 4,968.22   | 105.71      | .005  | 1656.07      | .51         |  |
|-----------------------------------|-------------------------|-----------------|---------|------------|-------------|-------|--------------|-------------|--|
| NONINST BIRTHING CENTERS          | 0                       | 0               |         | .00        | .00         | .000  | .00          | .00         |  |
| LOCAL EDUCATION AGENCIES          | 12                      | 488             |         | 6,039.58   | 12.38       | .050  | 503.30       | .62         |  |
| EPSDT SUPPLEMENTAL SERVICE        | 0                       | 0               |         | .00        | .00         | .000  | .00          | .00         |  |
| RESPIRATORY CARE PRACT.           | 0                       | 0               |         | .00        | .00         | .000  | .00          | .00         |  |
| PED SUBACUTE REHAB/WEANING        | 0                       | 0               |         | .00        | .00         | .000  | .00          | .00         |  |
| ALL OTHER PROVIDERS               | 887                     | 96 <b>,</b> 121 |         | 56,366.64  | .59         | 9.946 | 63.55        | 5.83        |  |
| @CALIF. CHILDREN SERVICES*        | 15                      | 1,033           | \$      | 8,550.04   | \$<br>8.28  | .107  | \$<br>570.00 | \$<br>.88   |  |
| @XOVER EXCLUDING STATE HOSP**     | 3,102                   | 32,004          | \$      | 424,905.70 | \$<br>13.28 | 3.312 | \$<br>136.98 | \$<br>43.97 |  |
| 0+ MOMAIC IN MURCE IINEC ADE CIVI | - N 7 0 7 0 D 7 D 7 D 7 | TATEODATABLOAT  | THEM ON | T 37 -     |             |       |              |             |  |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,617 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR IN HOM | E SUP | PORT - AGED  | AID CODE     |            |        |              |
|----------------------------|----------------|------------------|-------|--------------|--------------|------------|--------|--------------|
|                            |                |                  |       |              |              | MON        |        |              |
| 3,453 ELIGIBLES            | USERS          | UNITS OF SERVIC  |       | EXPENDITURES | AVERAGE COST |            |        | COST PER     |
|                            |                | OR DAYS OF CAR   | E     |              | PER UNIT/DAY | _          | USER   | ELIGIBLE     |
| @TOTAL, ALL PROVIDERS      | 2,957          | 534 <b>,</b> 142 | \$    | 1,501,238.59 | \$ 2.81      | 154.689 \$ |        |              |
| @PHYSICIANS SERVICES       | 423            | 1,293            | \$    | 19,465.46    | \$ 15.05     | .374 \$    | 46.02  | \$<br>5.64   |
| OUTPATIENT VISITS          | 25             | 34               |       | 833.18       | 24.51        | .010       | 33.33  | .24          |
| OFFICE VISITS              | 25             | 33               |       | 725.10       | 21.97        | .010       | 29.00  | .21          |
| HOME VISITS                | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| EMERGENCY ROOM             | 1              | 1                |       | 108.08       | 108.08       | .000       | 108.08 | .03          |
| PREVENTIVE CARE            | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| OB VISITS/COMPRE PERI      | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| OTHER OUTPATIENT           | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| INPATIENT VISITS           | 7              | 42               |       | 2,048.63     | 48.78        | .012       | 292.66 | .59          |
| HOSPITAL VISITS            | 6              | 37               |       | 1,515.33     | 40.95        | .011       | 252.56 | .44          |
| CRITICAL CARE              | 1              | 4                |       | 486.40       | 121.60       | .001       | 486.40 | .14          |
| SNF/ICF/TRANS IP CARE      | 1              | 1                |       | 46.90        | 46.90        | .000       | 46.90  | .01          |
| OPHTHALMOLOGICAL SERVICES  | 3              | 3                |       | 48.01        | 16.00        | .001       | 16.00  | .01          |
| EXAMINATIONS               | 3              | 3                |       | 48.01        | 16.00        | .001       | 16.00  | .01          |
| SERVICES AND MATERIALS     | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| INPATIENT HOSPITAL SURGERY | 1              | 6                |       | 175.41       | 29.24        | .002       | 175.41 | .05          |
| PRINCIPAL SURGEON          | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| ASSISTANT SURGEON          | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| ANESTHESIOLOGIST           | 1              | 6                |       | 175.41       | 29.24        | .002       | 175.41 | .05          |
| OUTPATIENT SURGERY         | 3              | 3                |       | 161.40       | 53.80        | .001       | 53.80  | .05          |
| PRINCIPAL SURGEON          | 3              | 3                |       | 161.40       | 53.80        | .001       | 53.80  | .05          |
| ASSISTANT SURGEON          | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| ANESTHESIOLOGIST           | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| DIALYSIS                   | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| PATHOLOGY                  | 6              | 7                |       | 52.13        | 7.45         | .002       | 8.69   | .02          |
| RADIOLOGY                  | 10             | 18               |       | 454.05       | 25.23        | .005       | 45.41  | .13          |
| PSYCHIATRY                 | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| IMMUNIZATION AND INJECTION | 0              | 0                |       | .00          | .00          | .000       | .00    | .00          |
| OTHER SERVICES/ALL X-OVERS | 397            | 1,180            |       | 15,692.65    | 13.30        | .342       | 39.53  | 4.54         |
| @PHARMACY                  | 2,507          | 466,700          | \$    | 660,030.71   |              | 135.158 \$ | 263.28 | \$<br>191.15 |
| PRESCRIPTION DRUGS         | 2,299          | 10,804           |       | 579,432.89   | 53.63        | 3.129      | 252.04 | 167.81       |
| SNF/ICF                    | 126            | 780              |       | 43,607.09    | 55.91        | .226       | 346.09 | 12.63        |
| OUTPATIENTS                | 2,216          | 10,024           |       | 535,825.80   | 53.45        | 2.903      | 241.80 | 155.18       |
| MEDICAL SUPPLIES           | 707            | 455,896          |       | 80,597.82    | .18          | 132.029    | 114.00 | 23.34        |
| @DENTIST                   | 70             | 248              | \$    | •            | \$ 54.58     | .072 \$    |        | \$<br>3.92   |
| VISITS - DIAGNOSTIC        | 46             | 154              | -     | 2,176.00     | 14.13        | .045       | 47.30  | .63          |
| ORAL SURGERY               | 8              | 34               |       | 1,510.00     | 44.41        | .010       | 188.75 | .44          |
|                            |                |                  |       |              |              |            |        |              |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS                        | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
|------------------------------|-----------------|-------------------|------|---------------------|--------|-------------|-----------|----------|---------|------|------------|
| ANESTHESIA                   | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| PERIODONTICS                 | 3               | 4                 |      | 436.00              |        | 109.00      | .001      |          | 145.33  |      | .13        |
| ENDODONTICS                  | 1               | 1                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| RESTORATIVE DENTISTRY        | 8               | 17                |      | 965.00              |        | 56.76       | .005      |          | 120.63  |      | .28        |
| PROSTHETICS                  | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| DENTURES, STAYPLATES         | 16              | 37                |      | 8,450.00            |        | 228.38      | .011      |          | 528.13  |      | 2.45       |
| SPACE MAINTAINERS            | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| MAXILLOFACIAL SERVICES       | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| FRACTURES, DISLOCATIONS      | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| ORTHODONTIC SERVICES         | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| ALL OTHER SERVICES           | 1               | 1                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| #CALIF DEPT OF HEALTH SERV   | _               |                   | EC N | MONTH-OF-PAYMENT RE | z DOD! |             |           | חביכ     |         | D    | AGE 10,618 |
| MOP024                       | FEE-FOR-SERVICE |                   | EO I | MONIH-OF-FAIMENI KE | SPOK.  | I FOR JAN . | 2004 IRKO |          | 2004    | Г    | 03/14/05   |
| SACRAMENTO COUNTY            |                 | •                 |      | DDODE ACED          |        | ATD CODE    | 1.0       |          |         |      | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | TICES FOR IN HOME | 501  | PPORT - AGED        |        | AID CODE    |           | ~ » т пт |         | C.E. |            |
| 2 452                        |                 |                   |      |                     |        |             | M         |          |         |      |            |
| 3,453 ELIGIBLES              | USERS           | UNITS OF SERVICE  |      | EXPENDITURES        |        | ERAGE COST  |           |          |         |      | COST PER   |
| _                            |                 | OR DAYS OF CARE   |      |                     |        | R UNIT/DAY  |           |          | USER    |      | ELIGIBLE   |
| @OPTOMETRIST                 | 18              | 41                | \$   | 716.67              | \$     | 17.48       | .012      | Ş        | 39.82   | Ş    | .21        |
| DIAGNOSTIC AND ANC. PROCED   | 3               | 3                 |      | 47.96               |        | 15.99       | .001      |          | 15.99   |      | .01        |
| EYE APPLIANCES               | 14              | 35                |      | 588.03              |        | 16.80       | .010      |          | 42.00   |      | .17        |
| OTHER OPTOMETRIC SERVICES    | 2               | 3                 |      | 80.68               |        | 26.89       | .001      |          | 40.34   |      | .02        |
| @CHIROPRACTOR                | 0               | 0                 | \$   | .00                 | \$     | .00         | .000      | \$       | .00     | \$   | .00        |
| VISITS                       | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| OTHER SERVICES               | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| @PODIATRIST                  | 86              | 131               | \$   | 1,339.88            | \$     | 10.23       | .038      | \$       | 15.58   | \$   | .39        |
| MEDICINE/INJECTIONS          | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| SURGERY/ANES.                | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| RADIO./PATHOLOGY             | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| OTHER                        | 86              | 131               |      | 1,339.88            |        | 10.23       | .038      |          | 15.58   |      | .39        |
| @HOME HEALTH AGENCY          | 0               | 0                 | Ś    | .00                 | \$     | .00         | .000      | Ś        | .00     | Ś    | .00        |
| NURSE ANESTHESIST            | 6               | 11                | Ś    | 48.39               | \$     | 4.40        |           | \$       |         | Ś    | .01        |
| NURSE MIDWIFE                | 0               | 0                 | Ś    | .00                 | Ś      | .00         | .000      |          | .00     | \$   | .00        |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0                 | Ś    |                     | \$     | .00         |           | \$       | .00     | Ś    | .00        |
| FAMILY NURSE PRACTITIONER    | 0               | 0                 | Ś    |                     | \$     | .00         | .000      |          | .00     |      | .00        |
| @TOTAL HOSPITAL              | 182             | 1,089             | Ś    | 47,117.21           | Š      | 43.27       | .315      |          | 258.89  | \$   | 13.65      |
| HOSP INPATIENT TOTAL         | 15              | 19                | т    | 32,087.98           | Ψ.     | 1688.84     | .006      | т        | 2139.20 | Τ.   | 9.29       |
| HSC HOSPITALS                | 3               | 19                |      | 23,024.73           |        | 1211.83     | .006      |          | 7674.91 |      | 6.67       |
| NON-HSC HOSPITAL TOTAL       | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| ACCOMMODATIONS               | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| ADMINISTRATIVE DAYS          | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
|                              | 0               | 0                 |      | .00                 |        |             |           |          | .00     |      |            |
| TRANSITIONAL IP CARE         | 0               | 0                 |      |                     |        | .00         | .000      |          |         |      | .00        |
| ALL OTHER ACCOM              | •               |                   |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| ANCILLARIES                  | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| INPATIENT CROSSOVERS         | 12              | 0                 |      | 9,063.25            |        | .00         | .000      |          | 755.27  |      | 2.62       |
| ALL OTHER INPATIENT          | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| HOSP OUTPATIENT TOTAL        | 168             | 1,070             |      | 15,029.23           |        | 14.05       | .310      |          | 89.46   |      | 4.35       |
| MEDICAL                      | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| SURGERY                      | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| PATHOLOGY                    | 2               | 7                 |      | 64.17               |        | 9.17        | .002      |          | 32.09   |      | .02        |
| RADIOLOGY                    | 1               | 1                 |      | 44.54               |        | 44.54       | .000      |          | 44.54   |      | .01        |
| ROOM USE                     | 2               | 2                 |      | 139.74              |        | 69.87       | .001      |          | 69.87   |      | .04        |
| CROSSOVERS/ALL OTH OUTPTNT   | 166             | 1,060             |      | 14,780.78           |        | 13.94       | .307      |          | 89.04   |      | 4.28       |
| @COUNTY HOSPITAL TOTAL       | 0               | 0                 | \$   | .00                 | \$     | .00         | .000      | \$       | .00     | \$   | .00        |
| CO HOSPITAL INPATIENT TOTAL  | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
| HSC HOSPITALS                | 0               | 0                 |      | .00                 |        | .00         | .000      |          | .00     |      | .00        |
|                              |                 |                   |      |                     |        |             |           |          |         |      |            |

| NON-HSC HOSPITALS TOTAL            | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
|------------------------------------|-----------------|------------------|----------|----------------------------|-----------------|---------------|----------------|----------|--------------|
| ACCOMMODATIONS                     | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| ADMINISTRATIVE DAYS                | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| TRANSITIONAL IP CARE               | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| ALL OTHER ACCOM                    | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| ANCILLARIES                        | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| INPATIENT CROSSOVERS               | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| ALL OTHER INPATIENT                | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| CO HOSP OUTPATIENT TOTAL           | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| MEDICAL                            | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| SURGERY                            | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| PATHOLOGY                          | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| RADIOLOGY                          | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| ROOM USE                           | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| CROSSOVERS/ALL OTH OUTPTNT         | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| #CALIF DEPT OF HEALTH SERV         | •               | •                | DEC M    | .00<br>MONTH-OF-PAYMENT RI |                 |               |                | D        | AGE 10,619   |
| MOP024                             | FEE-FOR-SERVICE |                  | CEO P.   | IONIII OF FAIMENT N        | SPORT FOR UAN 2 | 2004 IIIKO DE | C 2004         | E.       | 03/14/05     |
| SACRAMENTO COUNTY                  |                 | ICES FOR IN HOME | CIID     | DODE - ACED                | AID CODE        | 1 0           |                |          | 03/14/03     |
| SACRAMENTO COUNTT                  | SUMMAKI OF SERV | ICES FOR IN HOME | . SUE    | FORI - AGED                | AID CODE        | MON           |                | CE       |              |
| 3,453 ELIGIBLES                    | USERS           | UNITS OF SERVICE | ,        | EXPENDITURES               | AVERAGE COST    |               |                |          | COST PER     |
| 3,433 ELIGIBLES                    | CALCO           | OR DAYS OF CARE  |          | EXPENDITORES               | PER UNIT/DAY    |               | USER           |          | ELIGIBLE     |
| @COMMUNITY HOSPITAL TOTAL          | 182             | 1,089            | \$       | 47,117.21                  | \$ 43.27        | .315 \$       |                |          | 13.65        |
| COMM HOSP INPATIENT TOTAL          | 15              | 1,009            | Ą        | 32,087.98                  | 1688.84         | .006          | 2139.20        | Ą        | 9.29         |
| HSC HOSPITALS                      | 3               | 19               |          | 23,024.73                  | 1211.83         | .006          | 7674.91        |          | 9.29<br>6.67 |
| NON-HSC HOSPITALS TOTAL            | 0               | 0                |          | 23,024.73                  | .00             | .000          | .00            |          | .00          |
|                                    | 0               | 0                |          |                            |                 |               |                |          |              |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
|                                    | 0               | 0                |          |                            |                 |               |                |          | .00          |
| TRANSITIONAL IP CARE               | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| ALL OTHER ACCOM                    | 0               | 0                |          |                            | .00             | .000          |                |          | .00          |
| ANCILLARIES                        | 12              | 0                |          | .00                        |                 | .000          | .00            |          | 2.62         |
| INPATIENT CROSSOVERS               | 12              | 0                |          | 9,063.25                   | .00             | .000          | 755.27         |          | .00          |
| ALL OTHER INPATIENT                | 168             | •                |          | .00                        | .00             | .000          | .00            |          |              |
| COMM HOSP OUTPATIENT TOTAL MEDICAL | 108             | 1,070<br>0       |          | 15,029.23                  | 14.05           | .310          | 89.46<br>.00   |          | 4.35         |
|                                    | 0               | 0                |          | .00                        | .00             | .000          |                |          | .00          |
| SURGERY                            | 0               | 7                |          | .00<br>64.17               |                 | .000          | .00            |          | .02          |
| PATHOLOGY                          | ∠<br>1          | /                |          | 44.54                      | 9.17            |               | 32.09<br>44.54 |          | .02          |
| RADIOLOGY                          | 1               | 1                |          |                            | 44.54           | .000          |                |          | .01          |
| ROOM USE                           | 166             | 1 060            |          | 139.74                     | 69.87           |               | 69.87          |          |              |
| CROSSOVERS/ALL OTH OUTPTNT         | 100             | 1,060            | Ċ        | 14,780.78                  | 13.94           | .307          | 89.04          | <u>_</u> | 4.28         |
| @STATE HOSPITAL                    | 0               | 0                | \$       | .00                        | \$ .00          | .000 \$       |                | Þ        | .00          |
| MENTALLY ILL                       | ŭ               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| DEVELOP. DISABLED                  | 0               | 0                | <u> </u> | .00                        | .00             | .000          | .00            | <u>^</u> | .00          |
| @NURSING FACILITY                  | 133             | 2,970            | \$       | 402,534.31                 | \$ 135.53       | ·             | 3026.57        | Ş        | 116.58       |
| LEV A-INTERMEDIATE                 | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| LEV B-REHAB MD                     | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| LEV B-SUBACUTE FREESTANDING        | Ü               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| LEV B-SUBACUTE HSPTL BASED         | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |
| LEV B-TRANSITIONAL IP CARE         | 0               | 0                |          | .00                        | .00             | .000          | .00            |          | .00          |

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24

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

| @REHABILITATION FACILITY       | 0                | 0                 | \$   | .00              | \$     | .00       | .000      | \$  | .00       | \$ | .00        |
|--------------------------------|------------------|-------------------|------|------------------|--------|-----------|-----------|-----|-----------|----|------------|
| HOSPITAL BASED                 | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| INDEPENDENT FACILITY           | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| @LABORATORY FACILITY           | 8                | 40                | \$   | 437.03           | \$     | 10.93     | .012      | \$  | 54.63     | \$ | .13        |
| PATHOLOGY                      | 8                | 40                |      | 437.03           |        | 10.93     | .012      |     | 54.63     |    | .13        |
| XO AND OTHERS                  | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC   | 6                | 6                 | \$   | 654.79           | \$     | 109.13    | .002      | \$  | 109.13    | \$ | .19        |
| CLINIC                         | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| SURGICENTER                    | 3                | 3                 |      | 622.00           |        | 207.33    | .001      |     | 207.33    |    | .18        |
| HEROIN DETOX CLINIC            | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| RURAL HEALTH CLINIC            | 3                | 3                 |      | 32.79            |        | 10.93     | .001      |     | 10.93     |    | .01        |
| #CALIF DEPT OF HEALTH SERV     | MEDI-CAL SERVICE | ES AND EXPENDITUR | ES N | MONTH-OF-PAYMENT | REPORT | FOR JAN   | 2004 THRU | DEC | 2004      | Ρ  | AGE 10,620 |
| MOP024                         | FEE-FOR-SERVICE, | /DENTAL           |      |                  |        |           |           |     |           |    | 03/14/05   |
| SACRAMENTO COUNTY              | SUMMARY OF SERV  | ICES FOR IN HOME  | SUE  | PPORT - AGED     |        | AID CODE  | 18        |     |           |    |            |
|                                |                  |                   |      |                  |        |           | M         | ONT | HLY AVERA | GE |            |
| 3,453 ELIGIBLES                | USERS            | UNITS OF SERVICE  |      | EXPENDITURES     | AVE    | RAGE COST | UNITS/DAY | S   | COST PER  |    | COST PER   |
|                                |                  | OR DAYS OF CARE   |      |                  | PEF    | UNIT/DAY  | PER ELIG  | ;   | USER      |    | ELIGIBLE   |
| @ALL OTHER PROVIDERS           | 825              | 61 <b>,</b> 581   | \$   | 330,703.64       | \$     | 5.37      | 17.834    | \$  | 400.85    | \$ | 95.77      |
| DURABLE MED. EQUIP.            | 27               | 51                |      | 13,526.87        |        | 265.23    | .015      |     | 501.00    |    | 3.92       |
| BLOOD BANK                     | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| HEARING AID DISPENSERS         | 1                | 1                 |      | 418.00           |        | 418.00    | .000      |     | 418.00    |    | .12        |
| MEDICAL TRANSPORTATION         | 185              | 12,001            |      | 46,378.31        |        | 3.86      | 3.476     |     | 250.69    |    | 13.43      |
| AMBULANCES/AIR TRANS           | 12               | 29                |      | 956.92           |        | 33.00     | .008      |     | 79.74     |    | .28        |
| OTHER TRANS                    | 160              | 11,808            |      | 45,132.01        |        | 3.82      | 3.420     |     | 282.08    |    | 13.07      |
| OTHER SERVICES                 | 19               | 164               |      | 289.38           |        | 1.76      | .047      |     | 15.23     |    | .08        |
| ACUPUNCTURE                    | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| ADULT DAY HEALTH CARE CTR      | 145              | 1,941             |      | 134,780.28       |        | 69.44     | .562      |     | 929.52    |    | 39.03      |
| GENETIC DISEASE TESTING        | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 256              | 2,345             |      | 107,109.40       |        | 45.68     | .679      |     | 418.40    |    | 31.02      |
| OCCUPATIONAL THERAPIST         | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |
| OPTICIAN                       | 19               | 41                |      | 476.62           |        | 11.62     | .012      |     | 25.09     |    | .14        |
| PHYSICAL THERAPIST             | 0                | 0                 |      | .00              |        | .00       | .000      |     | .00       |    | .00        |

| PORTABLE X-RAY                | 6   | 12     | 65.36            | 5.45       | .003   | 10.89        | .02         |
|-------------------------------|-----|--------|------------------|------------|--------|--------------|-------------|
| PROSTHETIST/ORTHOTISTS        | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| PROSTHETICS                   | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| ORTHOTICS                     | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| PSYCHOLOGIST                  | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| SPEECH AND AUDIOLOGY          | 7   | 11     | 413.81           | 37.62      | .003   | 59.12        | .12         |
| HOSPICE SERVICES              | 4   | 52     | 6,602.17         | 126.96     | .015   | 1650.54      | 1.91        |
| NONINST BIRTHING CENTERS      | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| LOCAL EDUCATION AGENCIES      | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| RESPIRATORY CARE PRACT.       | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| PED SUBACUTE REHAB/WEANING    | 0   | 0      | .00              | .00        | .000   | .00          | .00         |
| ALL OTHER PROVIDERS           | 348 | 45,126 | 20,932.82        | .46        | 13.069 | 60.15        | 6.06        |
| @CALIF. CHILDREN SERVICES*    | 2   | 1,743  | \$<br>230.77     | \$<br>.13  | .505   | \$<br>115.39 | \$<br>.07   |
| @XOVER EXCLUDING STATE HOSP** | 808 | 14,579 | \$<br>128,368.28 | \$<br>8.81 | 4.222  | \$<br>158.87 | \$<br>37.18 |
|                               |     |        |                  |            |        |              |             |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,621
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----122 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 75 5,125 62,749.44 12.24 42.008 \$ 836.66 \$ 514.34 156.32 \$ @PHYSICIANS SERVICES 16 74 2,501.04 33.80 .607 \$ 20.50 8 657.96 47.00 82.25 OUTPATIENT VISITS 14 .115 76.95 153.90 51.30 .025 OFFICE VISITS 1.26 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM 352.86 88.22 .033 117.62 2.89 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 OTHER OUTPATIENT 151.20 21.60 .057 25.20 17 INPATIENT VISITS 771.41 45.38 .139 128.57 6.32 17 128.57 771.41 45.38 .139 6.32 HOSPITAL VISITS CRITICAL CARE 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 .000 .00 EXAMINATIONS .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .00 .000 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 0 PATHOLOGY 0 .00 .00 .000 .00 477.57 119.39 RADIOLOGY 14 34.11 .115 3.91 .00 0 .00 .000 .00 .00 PSYCHIATRY 0 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 13 29 OTHER SERVICES/ALL X-OVERS 594.10 20.49 .238 45.70 4.87 254 14,230.93 218.94 \$ @PHARMACY 65 56.03 2.082 \$ 116.65 PRESCRIPTION DRUGS 13,832.53 56.23 2.016 223.11 113.38

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF<br>OUTPATIENTS     | 3<br>59                  | 11<br>235  | 378.11<br>13,454.42  | 34.37<br>57.25 | .090<br>1.926 | 126.04<br>228.04 | 3.10<br>110.28 |
|----------------------------|--------------------------|------------|----------------------|----------------|---------------|------------------|----------------|
| MEDICAL SUPPLIES           | 8                        | 8          | 398.40               | 49.80          | .066          | 49.80            | 3.27           |
| @DENTIST                   | 2                        | 3 \$       |                      | \$ 28.33       | .025 \$       | 42.50            | •              |
| VISITS - DIAGNOSTIC        | 2                        | 3          | 85.00                | 28.33          | .025          | 42.50            | .70            |
| ORAL SURGERY               | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| DRUGS                      | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| ANESTHESIA                 | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| PERIODONTICS               | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| ENDODONTICS                | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| RESTORATIVE DENTISTRY      | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| PROSTHETICS                | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| DENTURES, STAYPLATES       | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| SPACE MAINTAINERS          | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| MAXILLOFACIAL SERVICES     | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| FRACTURES, DISLOCATIONS    | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| ORTHODONTIC SERVICES       | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| ALL OTHER SERVICES         | 0                        | 0          | .00                  | .00            | .000          | .00              | .00            |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT REP | ORT FOR JAN 20 | 04 THRU DEC   | 2004             | PAGE 10,622    |
| MOP024                     | FEE-FOR-SERVICE/DENTAL   |            |                      |                |               |                  | 03/14/05       |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FOR  | IN HOME SU | JPPORT - BLIND       | AID CODE 2     | 8             |                  |                |

----- MONTHLY AVERAGE -----122 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 5 \$ 375.03 \$ 75.01 .041 \$ 187.52 \$ 3.07 8.01 8.01 .008 8.01 DIAGNOSTIC AND ANC. PROCED .07 367.02 91.76 .033 367.02 EYE APPLIANCES 3.01 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 @CHIROPRACTOR .00 0 VISITS .00 0 2 OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS .00 0 SURGERY/ANES. 0 RADIO./PATHOLOGY 2 7 \$ 0 \$ OTHER @HOME HEALTH AGENCY 4.10 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 .00 \$ 0 .00 .00 \$ .000 \$ .00 NURSE MIDWIFE 0 \$ .00 \$ .00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 \$ FAMILY NURSE PRACTITIONER Ω 0 \$ .00 \$ .00 .000 \$ .00 \$ 51 13 14 51 19,514.65 \$ 382.64 @TOTAL HOSPITAL .418 \$ 1393.90 \$ 159.96 19,068.30 1466.79 18,310.00 1408.46 HOSP INPATIENT TOTAL .107 4767.08 156.30 13 1408.46 .00 .00 6103.33 150.08 HSC HOSPITALS .107 NON-HSC HOSPITAL TOTAL 0 .00 .000 .00 . 0.0 .00 ACCOMMODATIONS .000 .00 . 00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 758.30 .000 .00 .00 ALL OTHER ACCOM .000 .00 0 .00 ANCILLARIES .00 758.JC .00 40.58 .00 INPATIENT CROSSOVERS 6.22 .00 .00 ALL OTHER INPATIENT .00 11 446.35 11.75 .311 HOSP OUTPATIENT TOTAL 81.45 27.15 .00 .00 22.24 3.71 MEDICAL 2 .025 40.73 .67 0 .000 .00 .00 SURGERY PATHOLOGY .049 4.45

| RADIOLOGY                   | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
|-----------------------------|--------------------------|-----------|-----------------------|--------------|---------------|-------------|-------------|
| ROOM USE                    | 5                        | 5         | 157.10                | 31.42        | .041          | 31.42       | 1.29        |
| CROSSOVERS/ALL OTH OUTPTNT  | 6                        | 24        | 185.56                | 7.73         | .197          | 30.93       | 1.52        |
| @COUNTY HOSPITAL TOTAL      | 0                        | 0         | \$ .00                | \$ .00       | .000 \$       | .00         | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| HSC HOSPITALS               | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| ACCOMMODATIONS              | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| ALL OTHER ACCOM             | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| ANCILLARIES                 | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| ALL OTHER INPATIENT         | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| MEDICAL                     | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| SURGERY                     | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| PATHOLOGY                   | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| RADIOLOGY                   | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| ROOM USE                    | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| CROSSOVERS/ALL OTH OUTPTNT  | 0                        | 0         | .00                   | .00          | .000          | .00         | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | PENDITURE | S MONTH-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU DEC | 2004        | PAGE 10,623 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |           |                       |              |               |             | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | IN HOME   | SUPPORT - BLIND       | AID CODE     | 28            |             |             |
|                             |                          |           |                       |              | MONT          | THLY AVERAG | E           |

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 122 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 51 \$ 19,514.65 \$ 382.64 .418 \$ 1393.90 \$ 159.96 14 13 COMM HOSP INPATIENT TOTAL 4 19,068.30 1466.79 .107 4767.08 156.30 13 1408.46 6103.33 HSC HOSPITALS 18,310.00 .107 150.08 0 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 758.30 .00 .000 758.30 6.22 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 446.35 11.75 .311 40.58 3.66 11 MEDICAL 3 81.45 27.15 .025 40.73 . 67 .00 .00 .000 .00 SURGERY PATHOLOGY 22.24 3.71 .049 4.45 6 .18 RADIOLOGY 0 .00 .00 .000 .00 .00 5 ROOM USE 157.10 31.42 .041 31.42 185.56 CROSSOVERS/ALL OTH OUTPTNT 24 7.73 .197 30.93 1.52 @STATE HOSPITAL 0 .00 \$ .00 .000 \$ .00 \$ . 00 MENTALLY ILL 0 .00 .00 .000 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 31 9,881.92 318.77 .254 \$ 4940.96 \$ 81.00 @NURSING FACILITY 0 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 . 00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 31 9,881.92 318.77 .254 4940.96 LEV B-REGULAR 81.00 .000 \$ .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .00

| ICF DDH                      | 0                        | Λ         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
|------------------------------|--------------------------|-----------|-----------|--------------|--------|--------------|------|-----|-------|----|-----------|
| ICF DD                       | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
|                              | 0                        | 0         |           |              |        |              |      |     |       |    |           |
| ICF DDN/DDCN                 | U                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| @HEMODIALYSIS TOTAL          | 0                        | 0         | \$        | .00          | \$     | .00          | .000 | \$  | .00   | \$ | .00       |
| HOSPITAL BASED               | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| HEMODIALYSIS CENTER          | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| @REHABILITATION FACILITY     | 0                        | 0         | \$        | .00          | \$     | .00          | .000 | \$  | .00   | \$ | .00       |
| HOSPITAL BASED               | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| INDEPENDENT FACILITY         | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| @LABORATORY FACILITY         | 4                        | 6         | \$        | 69.97        | \$     | 11.66        | .049 | \$  | 17.49 | \$ | .57       |
| PATHOLOGY                    | 4                        | 6         |           | 69.97        |        | 11.66        | .049 |     | 17.49 |    | .57       |
| XO AND OTHERS                | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 1                        | 8         | \$        | 96.88        | \$     | 12.11        | .066 | \$  | 96.88 | \$ | .79       |
| CLINIC                       | 1                        | 8         |           | 96.88        |        | 12.11        | .066 |     | 96.88 |    | .79       |
| SURGICENTER                  | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| HEROIN DETOX CLINIC          | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| RURAL HEALTH CLINIC          | 0                        | 0         |           | .00          |        | .00          | .000 |     | .00   |    | .00       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EX | KPENDITUR | ES MONTH- | OF-PAYMENT I | REPORT | FOR JAN 2004 | THRU | DEC | 2004  | PA | GE 10,624 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL   |           |           |              |        |              |      |     |       |    | 03/14/05  |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FOR  | IN HOME   | SUPPORT   | - BLIND      |        | AID CODE 28  |      |     |       |    |           |

SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

AID CODE 28

------ MONTHLY AVERAGE ------

|                                |       |                  |                          |              | M(         | MILLI AVEKA | GE        |
|--------------------------------|-------|------------------|--------------------------|--------------|------------|-------------|-----------|
| 122 ELIGIBLES                  | USERS | UNITS OF SERVICE | EXPENDITURES             | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER  |
|                                |       | OR DAYS OF CARE  |                          | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE  |
| @ALL OTHER PROVIDERS           | 32    | 4,684            | \$<br>15 <b>,</b> 456.98 | \$ 3.30      | 38.393     | \$ 483.03   | \$ 126.70 |
| DURABLE MED. EQUIP.            | 1     | 1                | 79.88                    | 79.88        | .008       | 79.88       | .65       |
| BLOOD BANK                     | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| HEARING AID DISPENSERS         | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| MEDICAL TRANSPORTATION         | 7     | 28               | 492.20                   | 17.58        | .230       | 70.31       | 4.03      |
| AMBULANCES/AIR TRANS           | 5     | 21               | 434.46                   | 20.69        | .172       | 86.89       | 3.56      |
| OTHER TRANS                    | 2     | 7                | 57.74                    | 8.25         | .057       | 28.87       | .47       |
| OTHER SERVICES                 | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| ACUPUNCTURE                    | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| GENETIC DISEASE TESTING        | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 4     | 841              | 13,386.33                | 15.92        | 6.893      | 3346.58     | 109.72    |
| OCCUPATIONAL THERAPIST         | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| OPTICIAN                       | 2     | 6                | 88.10                    | 14.68        | .049       | 44.05       | .72       |
| PHYSICAL THERAPIST             | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| PORTABLE X-RAY                 | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| PROSTHETICS                    | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| ORTHOTICS                      | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| PSYCHOLOGIST                   | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| SPEECH AND AUDIOLOGY           | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| HOSPICE SERVICES               | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| NONINST BIRTHING CENTERS       | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| LOCAL EDUCATION AGENCIES       | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| RESPIRATORY CARE PRACT.        | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00                      | .00          | .000       | .00         | .00       |
| ALL OTHER PROVIDERS            | 20    | 3,808            | 1,410.47                 | .37          | 31.213     | 70.52       | 11.56     |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                | \$<br>.00                | \$ .00       | .000       | \$ .00      | \$ .00    |
| @XOVER EXCLUDING STATE HOSP**  | 19    | 84               | \$<br>4,232.41           | \$ 50.39     | .689       | \$ 222.76   | \$ 34.69  |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,625 FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

03/14/05

2,316 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS ---- MONTHLY AVERAGE -----2,316 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

| RADIOLOGY                  | 34                     | 68         |       | 4,505.38            |       | 66.26   | .029      |     | 132.51 |    | 1.95       |
|----------------------------|------------------------|------------|-------|---------------------|-------|---------|-----------|-----|--------|----|------------|
| PSYCHIATRY                 | 0                      | 0          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| IMMUNIZATION AND INJECTION | 1                      | 1          |       | 13.76               |       | 13.76   | .000      |     | 13.76  |    | .01        |
| OTHER SERVICES/ALL X-OVERS | 416                    | 1,533      |       | 22,256.61           |       | 14.52   | .662      |     | 53.50  |    | 9.61       |
| @PHARMACY                  | 1,845                  | 240,485    | \$    | 948,963.56          | \$    | 3.95    | 103.836   | \$  | 514.34 | \$ | 409.74     |
| PRESCRIPTION DRUGS         | 1,723                  | 9,602      |       | 877,908.68          |       | 91.43   | 4.146     |     | 509.52 |    | 379.06     |
| SNF/ICF                    | 46                     | 304        |       | 26,294.31           |       | 86.49   | .131      |     | 571.62 |    | 11.35      |
| OUTPATIENTS                | 1,705                  | 9,298      |       | 851,614.37          |       | 91.59   | 4.015     |     | 499.48 |    | 367.71     |
| MEDICAL SUPPLIES           | 573                    | 230,883    |       | 71,054.88           |       | .31     | 99.690    |     | 124.01 |    | 30.68      |
| @DENTIST                   | 99                     | 591        | \$    | 20,189.60           | \$    | 34.16   | .255      | \$  | 203.94 | \$ | 8.72       |
| VISITS - DIAGNOSTIC        | 61                     | 360        |       | 3,363.10            |       | 9.34    | .155      |     | 55.13  |    | 1.45       |
| ORAL SURGERY               | 16                     | 109        |       | 5,703.00            |       | 52.32   | .047      |     | 356.44 |    | 2.46       |
| DRUGS                      | 0                      | 0          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| ANESTHESIA                 | 0                      | 0          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| PERIODONTICS               | 6                      | 6          |       | 672.00              |       | 112.00  | .003      |     | 112.00 |    | .29        |
| ENDODONTICS                | 5                      | 8          |       | 1,405.00            |       | 175.63  | .003      |     | 281.00 |    | .61        |
| RESTORATIVE DENTISTRY      | 16                     | 57         |       | 4,049.50            |       | 71.04   | .025      |     | 253.09 |    | 1.75       |
| PROSTHETICS                | 1                      | 1          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| DENTURES, STAYPLATES       | 20                     | 55         |       | 4,997.00            |       | 90.85   | .024      |     | 249.85 |    | 2.16       |
| SPACE MAINTAINERS          | 0                      | 0          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                      | 0          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                      | 0          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| ORTHODONTIC SERVICES       | 0                      | 0          |       | .00                 |       | .00     | .000      |     | .00    |    | .00        |
| ALL OTHER SERVICES         | 1                      | 5CR        |       | .00                 |       | .00     | .002C     | R   | .00    |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND  | EXPENDITU: | RES M | MONTH-OF-PAYMENT RI | EPORI | FOR JAN | 2004 THRU | DEC | 2004   | P7 | AGE 10,626 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL |            |       |                     |       |         |           |     |        |    | 03/14/05   |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FO | R IN HOM   | E SUP | PPORT - DISABLED    |       | AID COD | E 68      |     |        |    |            |

----- MONTHLY AVERAGE -----USERS EXPENDITURES 2,316 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .026 \$ 1,132.84 45.31 \$ @OPTOMETRIST 60 \$ 18.88 8 8 41.52 DIAGNOSTIC AND ANC. PROCED 332.15 .003 41.52 15.96 44.34 EYE APPLIANCES 18 50 798.03 .022 .34 OTHER OPTOMETRIC SERVICES 2.66 1.33 .001 2.66 .00 .00 \$ .00 .00 \$ .000 \$ @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 0 .00 .000 .00 .00 228 1,579.85 \$ 6.93 .098 \$ 35.11 \$ @PODIATRIST 57.20 57.20 1 1 57.20 .000 .02 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .00 .000 .00 0 0 .00 RADIO./PATHOLOGY .00 .00 .000 .00 227 OTHER 44 1,522.65 6.71 .098 34.61 .66 @HOME HEALTH AGENCY 96 6,889.74 \$ 71.77 .041 \$ 344.49 2.97 2.32 32.07 \$ NURSE ANESTHESIST 192.39 .036 \$ .00 \$ NURSE MIDWIFE 0 .00 .00 .000 \$ .00 .00 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 9 9 216.00 24.00 .004 \$ 24.00 \$ FAMILY NURSE PRACTITIONER 2,411 156,694.43 663.96 \$ @TOTAL HOSPITAL 236 64.99 1.041 \$ 67.66 HOSP INPATIENT TOTAL 30 89 128,861.61 1447.88 .038 4295.39 55.64 14 1322.45 8407.00 50.82 HSC HOSPITALS 117,698.00 .038 0 0 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 . 00 .00 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00

| INPATIENT CROSSOVERS  | 16   | 0  |        | 11,163.61  | .00   | .000   |          | 697.73  |        | 4.82   |
|---|--|--|--------|--|---|--|----------|---|--------|--|
| ALL OTHER INPATIENT   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| HOSP OUTPATIENT TOTAL   | 214  | 2,322  |        | 27,832.82  | 11.99   | 1.003  |          | 130.06  |        | 12.02  |
| MEDICAL   | 7  | <b>-,</b> - <b>-</b> 9   |        | 232.92   | 25.88   | .004   |          | 33.27   |        | .10  |
| SURGERY   | 5  | 5  |        | 452.39   | 90.48   | .002   |          | 90.48   |        | .20  |
| PATHOLOGY   | 18   | 124  |        | 862.64   | 6.96  | .054   |          | 47.92   |        | .37  |
| RADIOLOGY   | 7  | 10   |        | 975.82   | 97.58   | .004   |          | 139.40  |        | .42  |
| ROOM USE  | 31   | 41   |        | 1,773.47   | 43.26   | .018   |          | 57.21   |        | .77  |
| CROSSOVERS/ALL OTH OUTPTNT  | 193  | 2,133  |        | 23,535.58  | 11.03   | .921   |          | 121.95  |        | 10.16  |
| @COUNTY HOSPITAL TOTAL  | 0  | 2,155  | \$     | .00  | \$ .00  | .000   | Ċ        | .00   | Ċ      | .00  |
| CO HOSPITAL INPATIENT TOTAL   | 0  | 0  | Y      | .00  | .00   | .000   | Ÿ        | .00   | Y      | .00  |
| HSC HOSPITALS   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| NON-HSC HOSPITALS TOTAL   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
|   | 0  | 0  |        | .00  | .00   |  |          | .00   |        |  |
| ACCOMMODATIONS  | 0  | 0  |        |  |   | .000   |          |   |        | .00  |
| ADMINISTRATIVE DAYS   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| TRANSITIONAL IP CARE  | U  | U  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| ALL OTHER ACCOM   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| ANCILLARIES   | U  | U  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| INPATIENT CROSSOVERS  | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| ALL OTHER INPATIENT   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| CO HOSP OUTPATIENT TOTAL  | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| MEDICAL   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| SURGERY   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| PATHOLOGY   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| RADIOLOGY   | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| ROOM USE  | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| CROSSOVERS/ALL OTH OUTPINT  | 0  | 0  |        | .00  | .00   | .000   |          | .00   |        | .00  |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC  | ES AND EXPENDITURE   | ES MOI | NTH-OF-PAYMENT RE  | PORT FOR JAN 2  | 2004 THRU I  | DEC      | 2004  | PA     | AGE 10,627   |
| MODO 0 4  |  |  |        |  |   |  |          |   |        |  |
| MOP024  | FEE-FOR-SERVICE  |  |        |  |   |  |          |   |        | 03/14/05   |
| MOPUZ4<br>SACRAMENTO COUNTY   |  | /DENTAL<br>TICES FOR IN HOME   | SUPPO  | ORT - DISABLED   | AID CODE  |  |          |   | ~=     |  |
| SACRAMENTO COUNTY   | SUMMARY OF SERV  | TICES FOR IN HOME  | SUPPO  |  |   | MC   |          |   |        |  |
|   |  | ICES FOR IN HOME UNITS OF SERVICE  | SUPPO  | ORT - DISABLED EXPENDITURES  | AVERAGE COST  | MC<br>UNITS/DAYS   |          | OST PER   | C      | COST PER   |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  | SUMMARY OF SERV  | ICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE  |        | EXPENDITURES   | AVERAGE COST<br>PER UNIT/DAY  | MC<br>UNITS/DAYS<br>PER ELIG   | 5 C      | OST PER<br>USER   | C<br>E | COST PER   |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL   | SUMMARY OF SERV<br>USERS<br>236  | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411   | SUPP(  | EXPENDITURES   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99  | UNITS/DAYS PER ELIG 1.041  | 5 C      | OST PER<br>USER<br>663.96   | C<br>E | COST PER<br>ELIGIBLE<br>67.66  |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL   | SUMMARY OF SERV<br>USERS<br>236<br>30  | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89                                       |        | EXPENDITURES<br>156,694.43<br>128,861.61   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88   | UNITS/DAYS PER ELIG 1.041 .038                                       | 6 C      | OST PER<br>USER<br>663.96<br>4295.39  | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64   |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS   | SUMMARY OF SERV<br>USERS<br>236<br>30<br>14                                    | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89<br>89                                 |        | EXPENDITURES<br>156,694.43<br>128,861.61<br>117,698.00   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45  | MC<br>UNITS/DAYS<br>PER ELIG<br>1.041<br>.038<br>.038                | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00   | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82  |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL   | SUMMARY OF SERV<br>USERS<br>236<br>30<br>14<br>0                               | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89                                       |        | EXPENDITURES<br>156,694.43<br>128,861.61<br>117,698.00<br>.00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00   | MC<br>UNITS/DAYS<br>PER ELIG<br>1.041<br>.038<br>.038                | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00   | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82  |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS  | SUMMARY OF SERV<br>USERS<br>236<br>30<br>14                                    | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89<br>89                                 |        | EXPENDITURES<br>156,694.43<br>128,861.61<br>117,698.00<br>.00<br>.00   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00<br>.00  | MC<br>UNITS/DAYS<br>PER ELIG<br>1.041<br>.038<br>.038<br>.000        | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00  | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00   |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS  | SUMMARY OF SERV<br>USERS<br>236<br>30<br>14<br>0                               | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89<br>89                                 |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00<br>.00  | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000                     | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00   | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00  |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE   | SUMMARY OF SERV<br>USERS<br>236<br>30<br>14<br>0                               | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89<br>89                                 |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00<br>.00<br>.00   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000                | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00   | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00  |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM   | SUMMARY OF SERV<br>USERS<br>236<br>30<br>14<br>0                               | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89<br>89                                 |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00<br>.00<br>.00   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000           | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00   | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00   |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES   | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 0                                  | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89<br>89                                 |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00<br>.00<br>.00   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000      | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00  | C<br>E | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS  | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 16                                 | UNITS OF SERVICE<br>OR DAYS OF CARE<br>2,411<br>89<br>89                                 |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .11,163.61  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00<br>.00<br>.00<br>.00  | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00<br>.00                                   | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00   |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES   | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 16 0                                 | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 0                                 |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .11,163.61  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 64.99<br>1447.88<br>1322.45<br>.00<br>.00<br>.00<br>.00<br>.00   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000      | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00<br>.00<br>.00                            | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00<br>.00  |
| SACRAMENTO COUNTY  2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS  | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 16 0 214                             | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 2,322                             |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .11.99   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.0 | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00<br>.00<br>.00                                   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT   | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 16 0                                 | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 0                                 |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .11,163.61 .00 27,832.82 232.92   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .11.99 25.88   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.0 | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00                            |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 16 0 214                             | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 2,322                             |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .11.99 .25.88 .90.48                                     | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.0 | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00<br>.00<br>.00                                   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL  | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 16 0 214                             | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 2,322                             |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.0 | C<br>E | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00                            |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 16 0 214 7 5 18 7                  | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 2,322 9 5                           |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER USER 663.96 4295.39 8407.00 .00 .00 .00 .00 .00 .00 .00 .00 .0  | C<br>E | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY  | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 16 0 214 7 5 18                    | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 2,322 9 5 124                       |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER<br>USER<br>663.96<br>4295.39<br>8407.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.0 | C<br>E | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .12.02 .10 .20 .37                           |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY  | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 16 0 214 7 5 18 7                  | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 2,322 9 5 124 10                  |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER USER 663.96 4295.39 8407.00 .00 .00 .00 .00 .00 .00 .00 .00 .0  | C<br>E | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE   | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 0 214 7 5 18 7 31                  | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 2,322 9 5 124 10 41               |        | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | 6 C      | OST PER USER 663.96 4295.39 8407.00 .00 .00 .00 .00 .00 .00 .00 .00 .0  | C<br>E | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT                                      | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 0 214 7 5 18 7 31 193              | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 2,322 9 5 124 10 41 2,133         | \$     | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .11.99 25.88 90.48 6.96 97.58 43.26 11.03                | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | \$ \$    | OST PER USER 663.96 4295.39 8407.00 .00 .00 .00 .00 .00 .00 .00 .00 .0  | C E    | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT                                      | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 0 16 0 214 7 5 18 7 31 193 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 0 2,322 9 5 124 10 41 2,133 0 0 0 | \$     | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .00 .11.99 25.88 90.48 6.96 97.58 43.26 11.03 \$ .00         | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | \$ \$ \$ | OST PER USER 663.96 4295.39 8407.00 .00 .00 .00 .00 .00 .00 .00 .00 .0  | S<br>S | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL         | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 0 16 0 214 7 5 18 7 31 193 0 0     | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 2,322 9 5 124 10 41 2,133 0 0     | \$     | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .00 .11,163.61 .00 27,832.82 232.92 452.39 862.64 975.82 1,773.47 23,535.58 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .11.99 25.88 90.48 6.96 97.58 43.26 11.03 \$ .00 .00         | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | \$ \$ \$ | OST PER USER 663.96 4295.39 8407.00 .00 .00 .00 .00 .00 .00 .00 .00 .0  | S<br>S | COST PER ELIGIBLE 67.66 55.64 50.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| 2,316 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERV  USERS  236 30 14 0 0 0 0 0 0 16 0 214 7 5 18 7 31 193 0 0 0 0 | UNITS OF SERVICE OR DAYS OF CARE 2,411 89 89 0 0 0 0 0 0 2,322 9 5 124 10 41 2,133 0 0 0 | \$ \$  | EXPENDITURES  156,694.43 128,861.61 117,698.00 .00 .00 .00 .00 .00 .11,163.61 .00 27,832.82 232.92 452.39 862.64 975.82 1,773.47 23,535.58 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 64.99 1447.88 1322.45 .00 .00 .00 .00 .00 .00 .00 .11.99 25.88 90.48 6.96 97.58 43.26 11.03 \$ .00 .00 .00 .00 | MC UNITS/DAYS PER ELIG 1.041 .038 .038 .000 .000 .000 .000 .000 .000 | \$ \$ \$ | OST PER USER 663.96 4295.39 8407.00 .00 .00 .00 .00 .00 .00 .00 .00 .0  | S<br>S | COST PER<br>ELIGIBLE<br>67.66<br>55.64<br>50.82<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.0 |

| LEV B-REHAB MD   | 0   | 0   |       | .00  |            | .00   | .000   |          | .00   |      | .00   |
|--|---|---|-------|--|------------|---|--|----------|---|------|---|
| LEV B-SUBACUTE FREESTANDING  | •   | 0   |       | .00  |            | .00   | .000   |          | .00   |      | .00   |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0   |       | .00  |            | .00   | .000   |          | .00   |      | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0   |       | .00  |            | .00   | .000   |          | .00   |      | .00   |
| LEV B-REGULAR  | 19  | 573   |       | 71,131.06  |            | 124.14  | .247   |          | 3743.74   |      | 30.71   |
| @INTERMEDIATE CARE FACILDD   | 0   | 0   | Ś     | .00  | Ś          | .00   | .000   | Ś        | .00   | Ś    | .00   |
| ICF DDH  | 0   | 0   | Ψ     | .00  | Y          | .00   | .000   | ۲        | .00   | ٧    | .00   |
| ICF DD   | 0   | 0   |       | .00  |            | .00   | .000   |          | .00   |      | .00   |
| ICF DDN/DDCN   | 0   | 0   |       | .00  |            | .00   | .000   |          | .00   |      | .00   |
| @HEMODIALYSIS TOTAL  | 64  | 94  | Ġ     | 42,146.40  | Ś          | 448.37  | .041   | Ġ        | 658.54  | Ġ    | 18.20   |
| HOSPITAL BASED   | 0   | 0   | Ÿ     | .00  | Y          | .00   | .000   | ٧        | .00   | Y    | .00   |
| HEMODIALYSIS CENTER  | 64  | 94  |       | 42,146.40  |            | 448.37  | .041   |          | 658.54  |      | 18.20   |
| @REHABILITATION FACILITY   | 11  | 35  | Ś     | 749.47   | Ś          | 21.41   | .015   | Ċ        | 68.13   | Ċ    | .32   |
| HOSPITAL BASED   | 0   | 0   | Ÿ     | .00  | Y          | .00   | .000   | ٧        | .00   | Y    | .00   |
| INDEPENDENT FACILITY   | 11  | 35  |       | 749.47   |            | 21.41   | .015   |          | 68.13   |      | .32   |
| @LABORATORY FACILITY   | 2.5   | 112   | \$    | 1,013.73   | \$         | 9.05  | .048   | Ċ        | 40.55   | Ċ    | .44   |
| PATHOLOGY  | 23  | 109   | Y     | 914.71   | Ÿ          | 8.39  | .047   | Y        | 39.77   | Y    | .39   |
| XO AND OTHERS  | 2   | 3   |       | 99.02  |            | 33.01   | .001   |          | 49.51   |      | .04   |
| @ORGANIZED OUTPATIENT CLINIC   | 2   | 7   | Ś     | 719.26   | \$         | 102.75  | .001   | ċ        | 102.75  | ċ    | .31   |
| CLINIC CLINIC  | /   | /   | ې     | 209.62   | Ą          | 52.41   | .003   | Ą        | 52.41   | Ą    | .09   |
| SURGICENTER  | 4   | 4   |       | 205.06   |            | 205.06  | .002   |          | 205.06  |      | .09   |
| HEROIN DETOX CLINIC  | 0   | 0   |       | .00  |            | .00   | .000   |          | .00   |      | .00   |
| RURAL HEALTH CLINIC  | 0   | 0   |       | 304.58   |            | 152.29  | .000   |          | 152.29  |      | .13   |
| #CALIF DEPT OF HEALTH SERV   | MEDI CAI CEDUT  | ZEC AND EXPENDING   | DEC M | ONTH-OF-PAYMENT RI   |            |   |  | DEC      |   | ъ.   | AGE 10,628  |
| #CALLE DEEL OF DEALID SERV   |   |   |       |  | ロPORコ      | L FUR JAN 2   |  |          |   |      |   |
|  |   |   |       | ONIII OF TATMENT IN  |            |   | 2001 1111(0  | טטכ      | , 2004  | P    |   |
| MOP024   | FEE-FOR-SERVICE   | C/DENTAL  |       |  |            |   |  | DEC      | , 2004  | PI   | 03/14/05  |
|  | FEE-FOR-SERVICE   |   |       |  |            | AID CODE  | 68   |          |   |      |   |
| MOP024<br>SACRAMENTO COUNTY  | FEE-FOR-SERVICE<br>SUMMARY OF SERV  | C/DENTAL<br>VICES FOR IN HOME   | SUP   | PORT - DISABLED  |            | AID CODE  | 68<br>M  | ONT      | 'HLY AVERA  | GE · | 03/14/05  |
| MOP024   | FEE-FOR-SERVICE   | C/DENTAL VICES FOR IN HOME UNITS OF SERVICE   | SUP   |  | AVE        | AID CODE  | 68<br>M<br>UNITS/DAY   | ONT<br>S | HLY AVERA   | GE · | 03/14/05<br><br>COST PER  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS   | C/DENTAL VICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE   | SUP   | PORT - DISABLED EXPENDITURES   | AVI<br>PEI | AID CODE<br>ERAGE COST<br>R UNIT/DAY  | 68<br>M<br>UNITS/DAY<br>PER ELIG   | ONT<br>S | 'HLY AVERA<br>COST PER<br>USER  | GE - | 03/14/05<br><br>COST PER<br>ELIGIBLE  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693  | C/DENTAL VICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 130,626   | SUP   | PORT - DISABLED  EXPENDITURES  406,977.69  | AVE        | AID CODE<br>ERAGE COST<br>R UNIT/DAY<br>3.12  | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402   | ONT<br>S | 'HLY AVERA<br>COST PER<br>USER<br>587.27  | GE - | 03/14/05<br><br>COST PER<br>ELIGIBLE<br>175.72  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43  | C/DENTAL VICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 130,626 146   | SUP   | PORT - DISABLED  EXPENDITURES  406,977.69 43,290.51  | AVI<br>PEI | AID CODE<br>ERAGE COST<br>R UNIT/DAY<br>3.12<br>296.51  | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063   | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76   | GE - | 03/14/05<br><br>COST PER<br>ELIGIBLE<br>175.72<br>18.69   |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0   | C/DENTAL VICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0   | SUP   | PORT - DISABLED  EXPENDITURES  406,977.69 43,290.51 .00  | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00  | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000   | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76<br>.00  | GE - | 03/14/05<br><br>COST PER<br>ELIGIBLE<br>175.72<br>18.69<br>.00  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0   | C/DENTAL VICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0                                       | SUP   | PORT - DISABLED  EXPENDITURES  406,977.69 43,290.51 .00 .00  | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00  | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000   | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76<br>.00  | GE - | 03/14/05<br><br>COST PER<br>ELIGIBLE<br>175.72<br>18.69<br>.00  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0  | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329                               | SUP   | PORT - DISABLED  EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14                                      | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25   | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000<br>.000<br>8.346  | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76<br>.00<br>.00<br>380.77                                     | GE - | 03/14/05<br>  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28                                   | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195                           | SUP   | PORT - DISABLED  EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81                             | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68   | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000<br>.000<br>8.346<br>.084                                  | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76<br>.00<br>.00<br>380.77<br>123.10                           | GE - | 03/14/05<br>  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28<br>131                            | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195 19,107                    | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70                                    | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68 3.11                                    | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000<br>.000<br>8.346<br>.084<br>8.250                         | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76<br>.00<br>.00<br>380.77<br>123.10<br>453.03                 | GE - | 03/14/05<br>  |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28<br>131                            | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195 19,107 27                 | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70 33.63                              | AVI<br>PEI | AID CODE<br>ERAGE COST<br>R UNIT/DAY<br>3.12<br>296.51<br>.00<br>.00<br>3.25<br>17.68<br>3.11<br>1.25 | 68 M UNITS/DAY PER ELIG 56.402 .063 .000 .000 8.346 .084 8.250 .012  | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76<br>.00<br>.00<br>380.77<br>123.10<br>453.03<br>3.74         | GE - | 03/14/05<br>COST PER<br>ELIGIBLE<br>175.72<br>18.69<br>.00<br>.00<br>27.13<br>1.49<br>25.62<br>.01          |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28<br>131<br>9                       | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195 19,107 27 0               | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70 33.63 .00                          | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68 3.11 1.25 .00                           | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000<br>.000<br>8.346<br>.084<br>8.250<br>.012<br>.000         | ONT<br>S | CHLY AVERA<br>COST PER<br>USER<br>587.27<br>1006.76<br>.00<br>.00<br>.380.77<br>123.10<br>453.03<br>3.74<br>.00 | GE - | 03/14/05<br>COST PER<br>ELIGIBLE<br>175.72<br>18.69<br>.00<br>.00<br>.27.13<br>1.49<br>.25.62<br>.01<br>.00 |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28<br>131<br>9<br>0                  | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195 19,107 27 0 1,058         | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70 33.63 .00 73,510.80                | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68 3.11 1.25 .00 69.48                     | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000<br>.000<br>8.346<br>.084<br>8.250<br>.012<br>.000<br>.457 | ONT<br>S | CHLY AVERA COST PER USER 587.27 1006.76 .00 .00 380.77 123.10 453.03 3.74 .00 1113.80                           | GE - | 03/14/05  COST PER ELIGIBLE 175.72 18.69 .00 27.13 1.49 25.62 .01 .00 31.74                                 |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28<br>131<br>9<br>0<br>66            | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195 19,107 27 0 1,058 0       | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70 33.63 .00 73,510.80 .00            | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68 3.11 1.25 .00 69.48 .00                 | 68<br>M<br>UNITS/DAY<br>PER ELIG<br>56.402<br>.063<br>.000<br>.000<br>8.346<br>.084<br>8.250<br>.012<br>.000<br>.457 | ONT<br>S | CHLY AVERA COST PER USER 587.27 1006.76 .00 .00 380.77 123.10 453.03 3.74 .00 1113.80 .00                       | GE - | 03/14/05  COST PER ELIGIBLE 175.72 18.69 .00 27.13 1.49 25.62 .01 .00 31.74 .00                             |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP                        | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28<br>131<br>9<br>0<br>66<br>0<br>51 | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195 19,107 27 0 1,058 0 3,897 | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70 33.63 .00 73,510.80 .00 125,806.68 | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68 3.11 1.25 .00 69.48 .00 32.28           | 68 M UNITS/DAY PER ELIG 56.402 .063 .000 .000 8.346 .084 8.250 .012 .000 .457 .000 1.683                             | ONT<br>S | CHLY AVERA COST PER USER 587.27 1006.76 .00 .00 380.77 123.10 453.03 3.74 .00 1113.80 .00 2466.80               | GE - | 03/14/05  COST PER ELIGIBLE 175.72 18.69 .00 .00 27.13 1.49 25.62 .01 .00 31.74 .00 54.32                   |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  693 43 0 0 165 28 131 9 0 666 0 51                                   | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 19,329 195 19,107 27 0 1,058 0 3,897   | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70 33.63 .00 73,510.80 .00 125,806.68 | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68 3.11 1.25 .00 69.48 .00 32.28 .00       | 68 M UNITS/DAY PER ELIG 56.402 .063 .000 .000 8.346 .084 8.250 .012 .000 .457 .000 1.683 .000                        | ONT<br>S | CHLY AVERA COST PER USER 587.27 1006.76 .00 .00 .380.77 123.10 453.03 3.74 .00 1113.80 .00 2466.80 .00          | GE - | 03/14/05  COST PER ELIGIBLE 175.72 18.69 .00 .00 27.13 1.49 25.62 .01 .00 31.74 .00 54.32 .00               |
| MOP024 SACRAMENTO COUNTY  2,316 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP                        | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>693<br>43<br>0<br>0<br>165<br>28<br>131<br>9<br>0<br>66<br>0<br>51 | C/DENTAL VICES FOR IN HOME  UNITS OF SERVICE OR DAYS OF CARE 130,626 146 0 0 19,329 195 19,107 27 0 1,058 0 3,897 | SUP   | EXPENDITURES  406,977.69 43,290.51 .00 .00 62,827.14 3,446.81 59,346.70 33.63 .00 73,510.80 .00 125,806.68 | AVI<br>PEI | AID CODE ERAGE COST R UNIT/DAY 3.12 296.51 .00 .00 3.25 17.68 3.11 1.25 .00 69.48 .00 32.28           | 68 M UNITS/DAY PER ELIG 56.402 .063 .000 .000 8.346 .084 8.250 .012 .000 .457 .000 1.683                             | ONT<br>S | CHLY AVERA COST PER USER 587.27 1006.76 .00 .00 380.77 123.10 453.03 3.74 .00 1113.80 .00 2466.80               | GE - | 03/14/05  COST PER ELIGIBLE 175.72 18.69 .00 .00 27.13 1.49 25.62 .01 .00 31.74 .00 54.32                   |

3

23

23

0

4

38

0

40

0

211

3,762

5

0

4

8

0

33

1

0

10

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

1.64

775.52

775.52

152.04

1,410.61

27,811.19

15,668.23

1,176.40

.00

.00

.00

.00

.55

33.72

33.72

.00

38.01

37.12

.00

.00

.00

4.16

29.41

131.81

.001

.010

.010

.000

.002

.016

.091

.000

.017

.000

.000

1.624

.55

155.10

155.10

.00

38.01

.00

.00

.00

141.06

3476.40

474.79

1176.40

.00

.33

.33

.00

.07

.61

.00

.51

.00

.00

6.77

12.01

| ALL OTHER PROVIDERS           | 399 | 102,045 | 53,754.29        | .53         | 44.061    | 134.72    | 23.21 |
|-------------------------------|-----|---------|------------------|-------------|-----------|-----------|-------|
| @CALIF. CHILDREN SERVICES*    | 32  | 292     | \$<br>27,579.60  | \$<br>94.45 | .126 \$   | 861.86 \$ | 11.91 |
| @XOVER EXCLUDING STATE HOSP** | 754 | 42,094  | \$<br>132,619.44 | \$<br>3.15  | 18.175 \$ | 175.89 \$ | 57.26 |

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,629 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

| Second   S       | SACRAMENTO COUNTY     | SUMMARY OF SER | VICES FOR IN HOME | SUPI | PORT - TOTAL |            | M   | חואר | ממזוי אנודע | CE  |     |
|--|-----------------------|----------------|-------------------|------|--------------|------------|-----|------|-------------|-----|-----|
| COTAL, ALL PROVIDERS   5,189   916,601   \$ 3,283,746.77   \$ 3.56   155.93   \$ 628.79   \$ 55.00   | 5 891 FITCIBLES       | IISEBS         | INTTS OF SERVICE  | 7    | FADEMULLIBES | AMERACE CO |     |      |             | .GE |     |
| PUTCHIA, ALL PROVIDERS 5, 189 916,601 9 3,263,746.77 8 3.56 155.993 8 628.97 8 554.02 6PHYSICIANS SERVICES 950 3.291 8 63,122.2 8 19.18 5.59 8 66.45 9 10.72 6UTPATIENT VISITS 125 9.94 146 3,779.20 25.88 0.25 38.16 6.64 HOME VISITS 9.99 146 3,779.20 25.88 0.25 38.16 6.64 HOME VISITS 9.99 146 3,779.20 25.88 0.25 38.16 6.64 HOME VISITS 9.90 10 0.00 0.00 0.00 0.00 0.00 0.00 0   | J, O91 ELIGIBLES      | OSEKS          |                   |      | EXFENDITORES |            |     |      |             |     |     |
| OPHYSICIANS SERVICES         950         3,291         \$ 63,129.22         \$ 19.18         5.59         \$ 66.45         \$ 10.72           OUFFATERIN VISITS         99         146         3,778.20         25,88         0.05         38.16         .64           HOME VISITS         0         0         .00 <td>ATOTAL ALL PROVIDERS</td> <td>5 189</td> <td></td> <td></td> <td>3 263 746 77</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | ATOTAL ALL PROVIDERS  | 5 189          |                   |      | 3 263 746 77 |            |     |      |             |     |     |
| OUTPATTENT VISITS 125 193 6,227.15 32.27 .033 49.82 1.06 OFFICE VISITS 99 146 3,778.20 25.88 .025 38.16 .64 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 EMREGRAY ROOM 21 24 1.839.49 76.65 .004 87.59 .31 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 OTHER COTPATIENT 19 23 6.609.46 26.50 .004 32.08 .10 INPATIENT VISITS 33 144 6,760.49 46.55 .024 204.86 1.15 HOSPITAL VISITS 32 135 5,740.79 42.52 .023 179.40 .97 CRITICAL CARE 3 8 972.80 121.60 .001 324.27 .17 SNS/ICF/TRANS IP CARE 1 1 1 46.90 46.90 .001 324.27 .17 SNS/ICF/TRANS IP CARE 1 1 1 46.90 46.90 .000 46.90 .01 OPHITALIDAL SURGENY 11 33 2 .827.74 85.80 .000 46.91 .01 INPATIENT HOSPITAL SURGENY 11 33 2 .827.74 85.69 .006 257.07 48 PRINCIPAL SURGEON 9 8 2,273.64 284.21 .001 222.63 .39 PRINCIPAL SURGEON 13 17 1,346.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 129.53 .09 ANESTRESIOLOGIST 4 4 19 518.10 27.27 .003 129.53 .09 ANESTRESIOLOGIST 4 4 19 518.10 27.27 .003 129.53 .09 DIALYSIS 4 4 4 6.75.12 168.78 .000 .000 .000 .000 ANESTRESIOLOGIST 4 4 19 518.10 27.27 .003 129.53 .09 ENINCIPAL SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 129.53 .09 DIALYSIS 4 4 4 6.75.12 168.78 .000 .000 .000 .000 ANESTRESIOLOGIST 4 4 19 518.10 27.27 .003 129.53 .09 ENINCIPAL SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 13 19 19 19 19 19 19 19 19 19     | - •                   |                |                   |      |              |            |     |      |             |     |     |
| OFFICE VISITS  |                       |                |                   | Ψ    |              |            |     | ٧    |             | ۲   |     |
| HOME VISITS  |                       |                |                   |      |              |            |     |      |             |     |     |
| EMERGENCY ROOM   |                       |                |                   |      |              |            |     |      |             |     |     |
| PREVENTIVE CARE  |                       | -              |                   |      |              |            |     |      |             |     |     |
| ON VISITS/COMPRE PERI 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                       |                |                   |      | •            |            |     |      |             |     |     |
| OTHER OUTPATIENT 19 23 609.46 26.50 0.04 32.08 1.0 INPATIENT VISITS 33 144 6,760.49 46.95 0.24 204.86 1.15 HOSPITAL VISITS 32 135 5,740.79 42.52 0.23 179.40 .97 CRITICAL CARE 3 8 972.80 121.60 0.01 324.27 1.7 SNE/ICF/TRANS IP CARE 1 1 1 46.90 46.90 .000 46.90 .01 OPHTHALMOLOGICAL SERVICES 7 7 7 179.32 25.62 .001 25.62 0.3 SERVICES AND MATERIALS 0 0 0 0 0.00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGEON 11 33 2,27.74 85.69 .006 257.07 .48 PRINCIPAL SURGEON 9 8 22.73.64 284.21 .001 25.62 .39 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 AMESTHESIOLOGIST 2 2 25 554.10 22.16 .004 277.05 .09 COTPATIENT SURGEON 13 17 1,546.65 99.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 99.98 .003 118.97 .26 ASSISTANT SURGEON 13 17 1,546.65 99.98 .003 118.97 .26 ASSISTANT SURGEON 1 13 17 1,546.65 99.98 .003 118.97 .26 ASSISTANT SURGEON 1 13 17 1,546.65 99.98 .003 118.97 .26 ASSISTANT SURGEON 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                       | •              | -                 |      |              |            |     |      |             |     |     |
| INPATIENT VISITS   33  |                       | -              |                   |      |              |            |     |      |             |     |     |
| HOSPITAL VISITS   32   |                       |                |                   |      |              |            |     |      |             |     |     |
| CRITICAL CARE 3 8 972.80 121.60 .001 324.27 .17 SNF/ICP/TRANS IP CARE 1 1 1 46.90 46.90 .000 46.90 .01 OPHTHALMOLOGICAL SERVICES 7 7 7 179.32 25.62 .001 25.62 .03 EXAMINATIONS 7 7 7 179.32 25.62 .001 25.62 .03 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                       |                |                   |      |              |            |     |      |             |     |     |
| SNF/ICF/TRANS IP CARRE 1 1 1 46.90 46.90 .000 46.90 .010 OHTHARLMOLOGICAL SERVICES 7 7 7 7 179.32 25.62 .001 25.62 .03 EXAMINATIONS 7 7 7 179.32 25.62 .001 25.62 .03 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 11 33 2,827.74 88.69 .006 257.07 .48 PRINCIPAL SURGEON 9 8 2,273.64 284.21 .001 252.63 .39 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 2 255 554.10 22.16 .004 277.05 .09 ANESTHESIOLOGIST 2 2 25 554.10 .22.16 .004 277.05 .09 PRINCIPAL SURGEON 13 177 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 4 1 19 586.10 27.27 .003 .129.53 .09 PRINCIPAL SURGEON 13 177 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 4 1 19 586.10 27.27 .003 .129.53 .09 DIALYSIS 4 4 4 6 675.12 168.78 .001 168.78 .11 PATHOLOGY 20 31 400.53 12.92 .005 20.03 .07 RADIOLOGY 48 100 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 0 0 0 0 5.00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 1 1 13.76 .000 .00 .00 .00  OTHER SERVICES/ALL X-OVERS 826 2.742 88.543.36 14.06 .465 46.66 6.54 PSYCHATRY 0 707,439 \$ 1,623,225.20 \$ 2.29 120.08 \$ 367.49 \$ 275.54 PRESCRIPTION DRUGS 4,084 20,652 1,471,174.10 71.24 3.506 360.23 249.73  OUTPATIENTS 3,980 19,557 1,400.894.59 71.63 3.320 351.98 237.80  SEMICES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81  EDENTIST 171 842 \$ 33,811.60 \$ 40.16 1.43 \$ 197.73 \$ 5.74  VISITS - DIAGNOSTIC 109 517 5,624.10 10.88 .088 51.60 .95  ORAL SURGERY 24 143 7,213.00 50.44 .024 300.54 1.22  DRUGS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                       |                |                   |      |              |            |     |      |             |     |     |
| OPHTHALMOLOGICAL SERVICES   7  |                       |                | -                 |      |              | 46 90      | 000 |      |             |     |     |
| EXAMINATIONS   |                       |                |                   |      |              |            |     |      |             |     |     |
| SERVICES AND MATERIALS 0 0 000 .   |                       |                |                   |      |              |            |     |      |             |     |     |
| INPATIENT HOSPITAL SURGERY 11 33 2,827.74 85.69 .006 257.07 .48 PRINCIPAL SURGEON 9 8 2,273.64 284.21 .001 252.63 .39 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0   |                       | ,              |                   |      |              |            |     |      |             |     |     |
| PRINCIPAL SURGEON 9 8 8 2,273.64 284.21 .001 252.63 .39 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0   |                       | -              |                   |      |              |            |     |      |             |     |     |
| ASSISTANT SURGEON ANESTHESIOLOGIST 2 25 554.10 22.16 .004 277.05 .09 OUTPATIENT SURGERY 16 36 2,064.75 57.35 .006 129.05 .35 PRINCIPAL SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 4 19 518.10 27.27 .003 129.53 .09 DIALYSIS 4 4 4 4 675.12 168.78 .001 168.78 .11 PATHOLOGY 20 31 400.53 12.92 .005 20.03 .07 RADIOLOGY 48 100 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 0 0 0 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 1 1 31.76 13.76 .000 13.76 .000 OTHER SERVICES/ALL X-OVERS 826 2,742 38,543.36 14.06 .465 46.66 6.54 PHARMACY 4,417 707,439 1,623,225.20 \$2.29 120.08 \$367.49 \$275.54 PRESCRIPTION DRUGS 4,084 20,652 1,471,174.10 71.24 3.506 360.23 249.73 SNF/ICF 175 1,095 70,279.51 66.18 .186 401.60 11.93 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 QDENTIST 171 842 \$33,811.60 \$40.16 .143 \$197.73 \$574 VISITS - DIAGNOSTIC 109 517 5,624.10 10.88 .088 51.60 .95 ORL SURGERY 24 143 7,213.00 50.44 .024 300.54 1.22 DRUGS 0 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 PERIODONTICS 6 9 1,405.00 .156.11 .002 234.17 .24   |                       |                |                   |      |              |            |     |      |             |     |     |
| ANESTHESIOLOGIST 2 25 554.10 22.16 .004 277.05 .09 OUTPATIENT SURGENY 16 36 2,064.75 57.35 .006 129.05 .35 PRINCIPAL SURGEON 13 17 1,546.65 90.98 .003 118.97 2.26 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 4 19 518.10 27.27 .003 129.53 .09 DIALYSIS 4 4 4 675.12 168.78 .001 168.78 .11 PATHOLOGY 20 31 400.53 12.92 .005 20.03 .07 RADIOLOGY 48 100 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 1 1 1 13.76 13.76 .000 13.76 .00 OTHER SERVICES/ALL X-OVERS 826 2,742 38.543.36 14.06 465 46.66 6.54 PHARMACY 4,417 707,439 \$ 1,623,225.20 \$ 2.29 120.088 \$ 367.49 \$ 275.54 PRESCRIPTION DRUGS 4,084 20,652 1,471,174.10 71.24 3.506 360.23 249.73 SNF/ICF 175 1,095 7,0279.51 64.18 1.86 401.60 11.93 OUTPATIENTS 3,980 19,557 1,400,894.59 71.63 3.320 351.98 237.80 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 MEDICAL SUPPLICAL SUPPLICAL SUPPLICAL SUPPLICAL SUPPLICAL SUPPLICAL SUP |                       | -              |                   |      |              |            |     |      |             |     |     |
| OUTPATIENT SURGERY 16 36 2,064.75 57.35 .006 129.05 .35 PRINCIPAL SURGEON 13 17 1,546.65 90.98 .003 118.97 .26 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                       | •              |                   |      |              |            |     |      |             |     |     |
| PRINCIPAL SURGEON         13         17         1,546.65         90.98         .003         118.97         .26           ASSISTANT SURGEON         0         0         .00         <   |                       | <del>-</del>   |                   |      |              |            |     |      |             |     |     |
| ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 4 19 518.10 27.27 .003 129.53 .09 DIALYSIS 4 4 4 4 6.675.12 168.78 .001 168.78 .11 PATHOLOGY 20 31 400.53 12.92 .005 20.03 .07 RADIOLOGY 48 100 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 1 1 1 13.76 13.76 .00 13.76 .00 OTHER SERVICES/ALL X-OVERS 826 2,742 38,543.36 14.06 .465 46.66 6.54 GPHARMACY 4,417 707,439 \$ 1,623,225.20 \$ 2.29 120.088 \$ 367.49 \$ 275.54 PRESCRIPTION DRUGS 4,084 20,652 1,471,174.10 71.24 3.506 360.23 249.73 SNF/ICF 175 1,095 70,279.51 64.18 1.86 401.60 11.93 OUTPATIENTS 3,980 19,557 1,400,894.59 71.63 3.320 351.98 237.80 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81 GDENTIST 171 842 \$ 33,811.60 \$ 40.16 1.43 \$ 197.73 \$ 5.74 VISITS - DIAGNOSTIC 109 517 5,624.10 10.88 .088 51.60 .95 ORAL SURGERY 24 143 7,213.00 50.44 .024 300.54 1.22 DRUGS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  |                       |                |                   |      |              |            |     |      |             |     |     |
| ANESTHESIOLOGIST 4 19 518.10 27.27 .003 129.53 .09 DIALYSIS 4 4 4 4 675.12 168.78 .001 168.78 .11 PATHOLOGY 20 31 400.53 12.92 .005 20.03 .07 RADIOLOGY 48 100 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                       |                |                   |      | •            |            |     |      |             |     |     |
| DIALYSIS   |                       | •              | •                 |      |              |            |     |      |             |     |     |
| PATHOLOGY 20 31 400.53 12.92 .005 20.03 .07 RADIOLOGY 48 100 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 0 0 0 .00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 1 1 1.376 13.76 .000 .13.76 .00 OTHER SERVICES/ALL X-OVERS 826 2,742 38,543.36 14.06 .465 46.66 6.54  @PHARMACY 4,417 707,439 \$ 1,623,225.20 \$ 2.29 120.088 \$ 367.49 \$ 275.54 PRESCRIPTION DRUGS 4,084 20,652 1,471,174.10 71.24 3.506 360.23 249.73 SNF/ICF 175 1,095 70,279.51 64.18 .186 401.60 11.93 OUTPATIENTS 3,980 19,557 1,400,894.59 71.63 3.320 351.98 237.80 MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81  @DENTIST 171 842 \$ 33,811.60 \$ 40.16 .143 \$ 197.73 \$ 5.74 VISITS - DIAGNOSTIC 109 517 5,624.10 10.88 0.88 51.60 .95 ORAL SURGERY 24 143 7,213.00 50.44 .024 300.54 1.22 DRUGS 00 0 0 .00 .00 .00 .00 .00 ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 PERIODONTICS 9 10 11,108.00 110.80 .002 123.11 .19 ENDODONTICS 6 9 1,405.00 156.11 .002 234.17 .24   |                       | <del>-</del>   |                   |      |              |            |     |      |             |     |     |
| RADIOLOGY 48 100 5,437.00 54.37 .017 113.27 .92 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                       |                | <del>_</del>      |      |              |            |     |      |             |     |     |
| PSYCHIATRY 0 0 0 1.00 .00 .00 .00 .00 .00 .00 .00  |                       |                |                   |      |              |            |     |      |             |     |     |
| IMMUNIZATION AND INJECTION   1   |                       |                |                   |      |              |            |     |      |             |     |     |
| OTHER SERVICES/ALL X-OVERS 826 2,742 38,543.36 14.06 .465 46.66 6.54   @PHARMACY 4,417 707,439 \$ 1,623,225.20 \$ 2.29 120.088 \$ 367.49 \$ 275.54   PRESCRIPTION DRUGS 4,084 20,652 1,471,174.10 71.24 3.506 360.23 249.73   SNF/ICF 175 1,095 70,279.51 64.18 .186 401.60 11.93   OUTPATIENTS 3,980 19,557 1,400,894.59 71.63 3.320 351.98 237.80   MEDICAL SUPPLIES 1,288 686,787 152,051.10 .22 116.582 118.05 25.81   @DENTIST 171 842 \$ 33,811.60 \$ 40.16 .143 \$ 197.73 \$ 5.74   VISITS - DIAGNOSTIC 109 517 5,624.10 10.88 .088 51.60 .95   ORAL SURGERY 24 143 7,213.00 50.44 .024 300.54 1.22   DRUGS 0 0 0 .00 .00 .00 .00 .00   ANESTHESIA 0 0 0 .00 .00 .00 .00 .00   PERIODONTICS 6 9 1,405.00 156.11 .002 234.17 .24   |                       |                |                   |      |              |            |     |      |             |     |     |
| @PHARMACY       4,417       707,439       \$ 1,623,225.20       \$ 2.29       120.088       \$ 367.49       \$ 275.54         PRESCRIPTION DRUGS       4,084       20,652       1,471,174.10       71.24       3.506       360.23       249.73         SNF/ICF       175       1,095       70,279.51       64.18       .186       401.60       11.93         OUTPATIENTS       3,980       19,557       1,400,894.59       71.63       3.320       351.98       237.80         MEDICAL SUPPLIES       1,288       686,787       152,051.10       .22       116.582       118.05       25.81         @DENTIST       171       842       \$ 33,811.60       \$ 40.16       .143       \$ 197.73       \$ 5.74         VISITS - DIAGNOSTIC       109       517       5,624.10       10.88       .088       51.60       .95         ORAL SURGERY       24       143       7,213.00       50.44       .024       300.54       1.22         DRUGS       0       0       .00       .00       .00       .00       .00       .00         ANESTHESIA       0       0       .00       .00       .00       .00       .00       .00         PERIODONTICS  |                       |                |                   |      |              |            |     |      |             |     |     |
| PRESCRIPTION DRUGS         4,084         20,652         1,471,174.10         71.24         3.506         360.23         249.73           SNF/ICF         175         1,095         70,279.51         64.18         .186         401.60         11.93           OUTPATIENTS         3,980         19,557         1,400,894.59         71.63         3.320         351.98         237.80           MEDICAL SUPPLIES         1,288         686,787         152,051.10         .22         116.582         118.05         25.81           @DENTIST         171         842         \$         33,811.60         \$         40.16         .143         \$ 197.73         \$         5.74           VISITS - DIAGNOSTIC         109         517         5,624.10         10.88         .088         51.60         .95           ORAL SURGERY         24         143         7,213.00         50.44         .024         300.54         1.22           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00         .00         .00         .00         .00           PERIODONTICS         9         10         1,405.00  |                       |                |                   | Ś    |              |            |     | Ś    |             | Ś   |     |
| SNF/ICF         175         1,095         70,279.51         64.18         .186         401.60         11.93           OUTPATIENTS         3,980         19,557         1,400,894.59         71.63         3.320         351.98         237.80           MEDICAL SUPPLIES         1,288         686,787         152,051.10         .22         116.582         118.05         25.81           @DENTIST         171         842         \$ 33,811.60         \$ 40.16         .143         \$ 197.73         \$ 5.74           VISITS - DIAGNOSTIC         109         517         5,624.10         10.88         .088         51.60         .95           ORAL SURGERY         24         143         7,213.00         50.44         .024         300.54         1.22           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00         .00         .00         .00         .00           PERIODONTICS         9         10         1,108.00         110.80         .002         123.11         .19           ENDODONTICS         6         9         1,405.00         156.11         .002         234.17 <td< td=""><td>•</td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   | •                     |                | •                 |      |              |            |     |      |             |     |     |
| OUTPATIENTS         3,980         19,557         1,400,894.59         71.63         3.320         351.98         237.80           MEDICAL SUPPLIES         1,288         686,787         152,051.10         .22         116.582         118.05         25.81           @DENTIST         171         842         \$ 33,811.60         \$ 40.16         .143         \$ 197.73         \$ 5.74           VISITS - DIAGNOSTIC         109         517         5,624.10         10.88         .088         51.60         .95           ORAL SURGERY         24         143         7,213.00         50.44         .024         300.54         1.22           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00         .00         .00         .00         .00           PERIODONTICS         9         10         1,108.00         110.80         .002         123.11         .19           ENDODONTICS         6         9         1,405.00         156.11         .002         234.17         .24  |                       |                |                   |      |              |            |     |      |             |     |     |
| MEDICAL SUPPLIES         1,288         686,787         152,051.10         .22         116.582         118.05         25.81           @DENTIST         171         842         \$ 33,811.60         \$ 40.16         .143         \$ 197.73         \$ 5.74           VISITS - DIAGNOSTIC         109         517         5,624.10         10.88         .088         51.60         .95           ORAL SURGERY         24         143         7,213.00         50.44         .024         300.54         1.22           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00         .00         .00         .00         .00           PERIODONTICS         9         10         1,108.00         110.80         .002         123.11         .19           ENDODONTICS         6         9         1,405.00         156.11         .002         234.17         .24  |                       |                |                   |      |              |            |     |      |             |     |     |
| @DENTIST         171         842         \$ 33,811.60         \$ 40.16         .143         \$ 197.73         \$ 5.74           VISITS - DIAGNOSTIC         109         517         5,624.10         10.88         .088         51.60         .95           ORAL SURGERY         24         143         7,213.00         50.44         .024         300.54         1.22           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00         .00         .00         .00         .00           PERIODONTICS         9         10         1,108.00         110.80         .002         123.11         .19           ENDODONTICS         6         9         1,405.00         156.11         .002         234.17         .24   |                       |                |                   |      |              |            |     |      |             |     |     |
| VISITS - DIAGNOSTIC         109         517         5,624.10         10.88         .088         51.60         .95           ORAL SURGERY         24         143         7,213.00         50.44         .024         300.54         1.22           DRUGS         0         0         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00         .00         .00         .00         .00           PERIODONTICS         9         10         1,108.00         110.80         .002         123.11         .19           ENDODONTICS         6         9         1,405.00         156.11         .002         234.17         .24   |                       |                |                   | \$   |              |            |     | Ś    |             | Ś   |     |
| ORAL SURGERY       24       143       7,213.00       50.44       .024       300.54       1.22         DRUGS       0       0       .00       .00       .00       .00       .00       .00         ANESTHESIA       0       0       .00       .00       .00       .00       .00       .00         PERIODONTICS       9       10       1,108.00       110.80       .002       123.11       .19         ENDODONTICS       6       9       1,405.00       156.11       .002       234.17       .24   | -                     |                |                   |      |              |            |     |      |             |     |     |
| DRUGS       0       0       .00  |                       |                |                   |      |              |            |     |      |             |     |     |
| ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                       |                |                   |      | •            |            |     |      |             |     |     |
| PERIODONTICS 9 10 1,108.00 110.80 .002 123.11 .19 ENDODONTICS 6 9 1,405.00 156.11 .002 234.17 .24  |                       | 0              | Ö                 |      |              |            |     |      |             |     |     |
| ENDODONTICS 6 9 1,405.00 156.11 .002 234.17 .24  |                       | 9              |                   |      |              |            |     |      |             |     |     |
|  |                       |                |                   |      |              |            |     |      |             |     |     |
|  | RESTORATIVE DENTISTRY | 24             | 74                |      | 5,014.50     | 67.76      |     |      | 208.94      |     | .85 |
| PROSTHETICS 1 1 .00 .00 .000 .00 .00   |                       |                | 1                 |      |              |            |     |      |             |     | .00 |

| DENTURES, STAYPLATES       | 36                   | 92                | 13,447.00             | 146.16      | .016          | 373.53     | 2.28        |
|----------------------------|----------------------|-------------------|-----------------------|-------------|---------------|------------|-------------|
| SPACE MAINTAINERS          | 0                    | 0                 | .00                   | .00         | .000          | .00        | .00         |
| MAXILLOFACIAL SERVICES     | 0                    | 0                 | .00                   | .00         | .000          | .00        | .00         |
| FRACTURES, DISLOCATIONS    | 0                    | 0                 | .00                   | .00         | .000          | .00        | .00         |
| ORTHODONTIC SERVICES       | 0                    | 0                 | .00                   | .00         | .000          | .00        | .00         |
| ALL OTHER SERVICES         | 2                    | 4CR               | .00                   | .00         | .001CR        | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ID EXPENDITURES M | ONTH-OF-PAYMENT REPOR | T FOR JAN 2 | 2004 THRU DEC | 2004       | PAGE 10,630 |
| MOP024                     | FEE-FOR-SERVICE/DENT | 'AL               |                       |             |               |            | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES  | FOR IN HOME SUP   | PORT - TOTAL          |             |               |            |             |
|                            |                      |                   |                       |             | MONT          | HLY AVERAG | E           |
| 5,891 ELIGIBLES            | USERS UNIT           | S OF SERVICE      | EXPENDITURES AV       | ERAGE COST  | UNITS/DAYS    | COST PER   | COST PER    |
|                            |                      |                   |                       | /           |               |            |             |

|       |   |                     |                     |                     |                     | [v]  | CIVI  | IUDI AARVA   | .GE  |   |
|-------|---|---------------------|---------------------|---------------------|---------------------|--|---|--|--|---|
| USERS | UNITS OF SERVICE  |                     | EXPENDITURES        | AV                  | ERAGE COST          | UNITS/DAY  | S   | COST PER   |  | COST PER  |
|       | OR DAYS OF CARE   |                     |                     | PΕ                  | R UNIT/DAY          | PER ELIG   |   | USER   |  | ELIGIBLE  |
| 45    | 106   | \$                  | 2,224.54            | \$                  | 20.99               | .018   | \$  | 49.43  | \$   | .38   |
| 12    | 12  |                     | 388.12              |                     | 32.34               | .002   |   | 32.34  |  | .07   |
| 33    | 89  |                     | 1,753.08            |                     | 19.70               | .015   |   | 53.12  |  | .30   |
| 3     | 5   |                     | 83.34               |                     | 16.67               | .001   |   | 27.78  |  | .01   |
| 0     | 0   | \$                  | .00                 | \$                  | .00                 | .000   | \$  | .00  | \$   | .00   |
| 0     | 0   |                     | .00                 |                     | .00                 | .000   |   | .00  |  | .00   |
| 0     | 0   |                     | .00                 |                     | .00                 | .000   |   | .00  |  | .00   |
| 133   | 361   | \$                  | 2,956.12            | \$                  | 8.19                | .061   | \$  | 22.23  | \$   | .50   |
| 1     | 1   |                     | 57.20               |                     | 57.20               | .000   |   | 57.20  |  | .01   |
| 0     | 0   |                     | .00                 |                     | .00                 | .000   |   | .00  |  | .00   |
| 0     | 0   |                     | .00                 |                     | .00                 | .000   |   | .00  |  | .00   |
| 132   | 360   |                     | 2,898.92            |                     | 8.05                | .061   |   | 21.96  |  | .49   |
| 22    | 103   | \$                  | 7,390.39            | \$                  | 71.75               | .017   | \$  | 335.93   | \$   | 1.25  |
| 12    | 94  | \$                  | 240.78              | \$                  | 2.56                | .016   | \$  | 20.07  | \$   | .04   |
| 0     | 0   | \$                  | .00                 | \$                  | .00                 | .000   | \$  | .00  | \$   | .00   |
| 0     | 0   | \$                  | .00                 | \$                  | .00                 | .000   | \$  | .00  | \$   | .00   |
| 9     | 9   | \$                  | 216.00              | \$                  | 24.00               | .002   | \$  | 24.00  | \$   | .04   |
| 432   | 3 <b>,</b> 551  | \$                  | 223,326.29          | \$                  | 62.89               | .603   | \$  | 516.96   | \$   | 37.91   |
| 49    | 121   |                     | 180,017.89          |                     | 1487.75             | .021   |   | 3673.83  |  | 30.56   |
| 20    | 121   |                     | 159,032.73          |                     | 1314.32             | .021   |   | 7951.64  |  | 27.00   |
|       | 45<br>12<br>33<br>3<br>0<br>0<br>0<br>133<br>1<br>0<br>0<br>132<br>22<br>12<br>0<br>0<br>9<br>432<br>49 | OR DAYS OF CARE  45 | OR DAYS OF CARE         PER UNIT/DAY           45         106         \$ 2,224.54         \$ 20.99           12         12         388.12         32.34           33         89         1,753.08         19.70           3         5         83.34         16.67           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           133         361         \$ 2,956.12         \$ 8.19           1         1         57.20         57.20           0         0         .00         .00           0         0         .00         .00           132         360         2,898.92         8.05           22         103         \$ 7,390.39         \$ 71.75           12         94         \$ 240.78         \$ 2.56           0         0         .00         .00           9         9         \$ 216.00         \$ 24.00           432         3,551         \$ 223,326.29         \$ 62.89           49         121         180,017.89         1487.75 | USERS         UNITS OF SERVICE<br>OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAY<br>PER UNIT/DAY         PER ELIG<br>PER UNIT/DAY         PER UNIT/DAY         P | USERS         UNITS OF SERVICE<br>OR DAYS OF CARE         EXPENDITURES<br>PER UNIT/DAY         AVERAGE COST UNITS/DAYS<br>PER UNIT/DAY         PER ELIG           45         106         \$ 2,224.54         \$ 20.99         .018         \$ 12           12         12         388.12         32.34         .002           33         89         1,753.08         19.70         .015           3         5         83.34         16.67         .001           0         0         0         .00         .00         .000           0         0         0         .00         .00         .000         .000           133         361         \$ 2,956.12         \$ 8.19         .061         \$           1         1         57.20         57.20         .000         .0 | USERS         UNITS OF SERVICE<br>OR DAYS OF CARE         EXPENDITURES<br>PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER ELIG<br>USER         COST PER PER UNIT/DAY         PER ELIG<br>USER           45         106         \$ 2,224.54         \$ 20.99         .018         \$ 49.43           12         12         388.12         32.34         .002         32.34           33         89         1,753.08         19.70         .015         53.12           3         5         83.34         16.67         .001         27.78           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           133         361         \$ 2,956.12         \$ 8.19         .061         \$ 22.23           1         1         57.20         57.20         .000         57.20           0         0         .00         .00         .00         .00           132         360         2,898.92         8.05         .061         21.96           22         103         \$ 7,390.39< | OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           45         106         \$ 2,224.54         \$ 20.99         .018         \$ 49.43         \$ 12           12         12         388.12         32.34         .002         32.34           33         89         1,753.08         19.70         .015         53.12           3         5         83.34         16.67         .001         27.78           0         0         \$         .00         .00         .000         \$ .00           0         0         \$         .00         .00         .000         \$ .00           0         0         0         .00         .00         .00         .00         .00           133         361         \$         2,956.12         \$ 8.19         .061         \$ 22.23         \$           1         1         57.20         57.20         .000         57.20           0         0         .00         .00         .00         .00           132         360         2,898.92         8.05         .061         21.96           22         103         \$         7,390.39         \$ 71.75         .0 |

| NON-HSC HOSPITAL TOTAL      | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
|-----------------------------|-----------------------|-----------|-------|--------|----------------|-------|---------|----------|-----|-------------|-----|-----------|
| ACCOMMODATIONS              | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ADMINISTRATIVE DAYS         | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| TRANSITIONAL IP CARE        | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ALL OTHER ACCOM             | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ANCILLARIES                 | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| INPATIENT CROSSOVERS        | 29                    | 0         |       |        | 20,985.16      |       | .00     | .00      | )   | 723.63      |     | 3.56      |
| ALL OTHER INPATIENT         | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| HOSP OUTPATIENT TOTAL       | 393                   | 3,430     |       |        | 43,308.40      |       | 12.63   | .58      | 2   | 110.20      |     | 7.35      |
| MEDICAL                     | 9                     | 12        |       |        | 314.37         |       | 26.20   | .00      | 2   | 34.93       |     | .05       |
| SURGERY                     | 5                     | 5         |       |        | 452.39         |       | 90.48   | .00      | 1   | 90.48       |     | .08       |
| PATHOLOGY                   | 25                    | 137       |       |        | 949.05         |       | 6.93    | .02      | 3   | 37.96       |     | .16       |
| RADIOLOGY                   | 8                     | 11        |       |        | 1,020.36       |       | 92.76   | .00      | 2   | 127.55      |     | .17       |
| ROOM USE                    | 38                    | 48        |       |        | 2,070.31       |       | 43.13   | .00      | 3   | 54.48       |     | .35       |
| CROSSOVERS/ALL OTH OUTPINT  | 365                   | 3,217     |       |        | 38,501.92      |       | 11.97   | .54      | 6   | 105.48      |     | 6.54      |
| @COUNTY HOSPITAL TOTAL      | 0                     | 0         | \$    |        | .00            | \$    | .00     | .00      | )   | \$ .00      | \$  | .00       |
| CO HOSPITAL INPATIENT TOTAL | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| HSC HOSPITALS               | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| NON-HSC HOSPITALS TOTAL     | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ACCOMMODATIONS              | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ADMINISTRATIVE DAYS         | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| TRANSITIONAL IP CARE        | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ALL OTHER ACCOM             | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ANCILLARIES                 | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| INPATIENT CROSSOVERS        | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ALL OTHER INPATIENT         | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| CO HOSP OUTPATIENT TOTAL    | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| MEDICAL                     | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| SURGERY                     | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| PATHOLOGY                   | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| RADIOLOGY                   | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| ROOM USE                    | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| CROSSOVERS/ALL OTH OUTPINT  | 0                     | 0         |       |        | .00            |       | .00     | .00      | )   | .00         |     | .00       |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND | EXPENDITU | JRES  | MONTH- | -OF-PAYMENT RE | EPORT | FOR JAN | 2004 THR | J D | EC 2004     | PAC | GE 10,631 |
|                             | FEE-FOR-SERVICE/DENTA |           |       |        |                |       |         |          |     |             |     | 03/14/05  |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES F | OR IN HOM | ME SU | PPORT  | - TOTAL        |       |         |          |     |             |     |           |
|                             |                       |           |       |        |                |       |         |          | MO: | NTHLY AVERA | GE  |           |
|                             |                       |           |       |        |                |       |         |          |     |             |     |           |

|                            |       |                   |              |              | ,          |          |          |
|----------------------------|-------|-------------------|--------------|--------------|------------|----------|----------|
| 5,891 ELIGIBLES            | USERS | UNITS OF SERVICE  | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|                            |       | OR DAYS OF CARE   |              | PER UNIT/DAY | PER ELIG   | USER     | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 432   | 3 <b>,</b> 551 \$ | 223,326.29   | \$ 62.89     | .603 \$    | 516.96   | \$ 37.91 |
| COMM HOSP INPATIENT TOTAL  | 49    | 121               | 180,017.89   | 1487.75      | .021       | 3673.83  | 30.56    |
| HSC HOSPITALS              | 20    | 121               | 159,032.73   | 1314.32      | .021       | 7951.64  | 27.00    |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                 | .00          | .00          | .000       | .00      | .00      |
| ACCOMMODATIONS             | 0     | 0                 | .00          | .00          | .000       | .00      | .00      |
| ADMINISTRATIVE DAYS        | 0     | 0                 | .00          | .00          | .000       | .00      | .00      |
| TRANSITIONAL IP CARE       | 0     | 0                 | .00          | .00          | .000       | .00      | .00      |
| ALL OTHER ACCOM            | 0     | 0                 | .00          | .00          | .000       | .00      | .00      |
| ANCILLARIES                | 0     | 0                 | .00          | .00          | .000       | .00      | .00      |
| INPATIENT CROSSOVERS       | 29    | 0                 | 20,985.16    | .00          | .000       | 723.63   | 3.56     |
| ALL OTHER INPATIENT        | 0     | 0                 | .00          | .00          | .000       | .00      | .00      |
| COMM HOSP OUTPATIENT TOTAL | 393   | 3,430             | 43,308.40    | 12.63        | .582       | 110.20   | 7.35     |
| MEDICAL                    | 9     | 12                | 314.37       | 26.20        | .002       | 34.93    | .05      |
| SURGERY                    | 5     | 5                 | 452.39       | 90.48        | .001       | 90.48    | .08      |
| PATHOLOGY                  | 25    | 137               | 949.05       | 6.93         | .023       | 37.96    | .16      |
| RADIOLOGY                  | 8     | 11                | 1,020.36     | 92.76        | .002       | 127.55   | .17      |
| ROOM USE                   | 38    | 48                | 2,070.31     | 43.13        | .008       | 54.48    | .35      |

| CROSSOVERS/ALL OTH OUTPINT   | 365             | 3,217            |        | 38,501.92          |       | 11.97      | .546      |     | 105.48    |    | 6.54       |
|------------------------------|-----------------|------------------|--------|--------------------|-------|------------|-----------|-----|-----------|----|------------|
| @STATE HOSPITAL              | 0               | 0                | \$     | .00                | \$    | .00        | .000      | \$  | .00       | \$ | .00        |
| MENTALLY ILL                 | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| DEVELOP. DISABLED            | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| @NURSING FACILITY            | 154             | 3,574            | \$     | 483,547.29         | \$    | 135.30     | .607      | \$  | 3139.92   | \$ | 82.08      |
| LEV A-INTERMEDIATE           | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-REHAB MD               | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-SUBACUTE FREESTANDING  | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-REGULAR                | 154             | 3,574            |        | 483,547.29         |       | 135.30     | .607      |     | 3139.92   |    | 82.08      |
| @INTERMEDIATE CARE FACILDD   | 0               | 0                | \$     | .00                | \$    | .00        | .000      | \$  | .00       | \$ | .00        |
| ICF DDH                      | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| ICF DD                       | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| ICF DDN/DDCN                 | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| @HEMODIALYSIS TOTAL          | 88              | 126              | \$     | 66,799.90          | \$    | 530.16     | .021      | \$  | 759.09    | \$ | 11.34      |
| HOSPITAL BASED               | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| HEMODIALYSIS CENTER          | 88              | 126              |        | 66,799.90          |       | 530.16     | .021      |     | 759.09    |    | 11.34      |
| @REHABILITATION FACILITY     | 11              | 35               | \$     | 749.47             | \$    | 21.41      | .006      | \$  | 68.13     | \$ | .13        |
| HOSPITAL BASED               | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| INDEPENDENT FACILITY         | 11              | 35               |        | 749.47             |       | 21.41      | .006      |     | 68.13     |    | .13        |
| @LABORATORY FACILITY         | 37              | 158              | \$     | 1,520.73           | \$    | 9.62       | .027      | \$  | 41.10     | \$ | .26        |
| PATHOLOGY                    | 35              | 155              |        | 1,421.71           |       | 9.17       | .026      |     | 40.62     |    | .24        |
| XO AND OTHERS                | 2               | 3                |        | 99.02              |       | 33.01      | .001      |     | 49.51     |    | .02        |
| @ORGANIZED OUTPATIENT CLINIC | 14              | 21               | \$     | 1,470.93           | \$    | 70.04      | .004      | \$  | 105.07    | \$ | .25        |
| CLINIC                       | 5               | 12               |        | 306.50             |       | 25.54      | .002      |     | 61.30     |    | .05        |
| SURGICENTER                  | 4               | 4                |        | 827.06             |       | 206.77     | .001      |     | 206.77    |    | .14        |
| HEROIN DETOX CLINIC          | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| RURAL HEALTH CLINIC          | 5               | 5                |        | 337.37             |       | 67.47      | .001      |     | 67.47     |    | .06        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIO | CES AND EXPENDIT | JRES I | MONTH-OF-PAYMENT R | EPOR' | T FOR JAN  | 2004 THRU | DEC | 2004      | P  | AGE 10,632 |
| MOP024                       | FEE-FOR-SERVICE | E/DENTAL         |        |                    |       |            |           |     |           |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | JICES FOR IN HO  | ME SU  | PPORT - TOTAL      |       |            |           |     |           |    |            |
|                              |                 |                  |        |                    |       |            |           |     | HLY AVERA | -  |            |
| 5,891 ELIGIBLES              | USERS           | UNITS OF SERVI   |        | EXPENDITURES       |       | ERAGE COST |           |     | COST PER  |    | COST PER   |
|                              |                 | OR DAYS OF CAL   |        |                    | PE    | R UNIT/DAY |           |     | USER      |    | ELIGIBLE   |
| @ALL OTHER PROVIDERS         | 1,550           | 196 <b>,</b> 891 | \$     | 753,138.31         | \$    | 3.83       | 33.422    | \$  | 485.90    | \$ | 127.85     |
| DURABLE MED. EQUIP.          | 71              | 198              |        | 56 <b>,</b> 897.26 |       | 287.36     | .034      |     | 801.37    |    | 9.66       |
| BLOOD BANK                   | 0               | 0                |        | .00                |       | .00        | .000      |     | .00       |    | .00        |
| HEARING AID DISPENSERS       | 1               | 1                |        | 418.00             |       | 418.00     | .000      |     | 418.00    |    | .07        |
| MEDICAL TRANSPORTATION       | 357             | 31,358           |        | 109,697,65         |       | 3.50       | 5.323     |     | 307.28    |    | 18.62      |

|                                |       |                  |              |              | MON        | I'HLY AVERAG | E         |
|--------------------------------|-------|------------------|--------------|--------------|------------|--------------|-----------|
| 5,891 ELIGIBLES                | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER     | COST PER  |
|                                |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER         | ELIGIBLE  |
| @ALL OTHER PROVIDERS           | 1,550 | 196,891 \$       | 753,138.31   | \$ 3.83      | 33.422 \$  | 485.90       | \$ 127.85 |
| DURABLE MED. EQUIP.            | 71    | 198              | 56,897.26    | 287.36       | .034       | 801.37       | 9.66      |
| BLOOD BANK                     | 0     | 0                | .00          | .00          | .000       | .00          | .00       |
| HEARING AID DISPENSERS         | 1     | 1                | 418.00       | 418.00       | .000       | 418.00       | .07       |
| MEDICAL TRANSPORTATION         | 357   | 31,358           | 109,697.65   | 3.50         | 5.323      | 307.28       | 18.62     |
| AMBULANCES/AIR TRANS           | 45    | 245              | 4,838.19     | 19.75        | .042       | 107.52       | .82       |
| OTHER TRANS                    | 293   | 30,922           | 104,536.45   | 3.38         | 5.249      | 356.78       | 17.75     |
| OTHER SERVICES                 | 28    | 191              | 323.01       | 1.69         | .032       | 11.54        | .05       |
| ACUPUNCTURE                    | 0     | 0                | .00          | .00          | .000       | .00          | .00       |
| ADULT DAY HEALTH CARE CTR      | 211   | 2,999            | 208,291.08   | 69.45        | .509       | 987.16       | 35.36     |
| GENETIC DISEASE TESTING        | 0     | 0                | .00          | .00          | .000       | .00          | .00       |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 311   | 7,083            | 246,302.41   | 34.77        | 1.202      | 791.97       | 41.81     |
| OCCUPATIONAL THERAPIST         | 0     | 0                | .00          | .00          | .000       | .00          | .00       |
| OPTICIAN                       | 53    | 117              | 1,357.36     | 11.60        | .020       | 25.61        | .23       |
| PHYSICAL THERAPIST             | 0     | 0                | .00          | .00          | .000       | .00          | .00       |
| PORTABLE X-RAY                 | 9     | 15               | 67.00        | 4.47         | .003       | 7.44         | .01       |
| PROSTHETIST/ORTHOTISTS         | 5     | 23               | 775.52       | 33.72        | .004       | 155.10       | .13       |
| PROSTHETICS                    | 5     | 23               | 775.52       | 33.72        | .004       | 155.10       | .13       |
| ORTHOTICS                      | 0     | 0                | .00          | .00          | .000       | .00          | .00       |
| PSYCHOLOGIST                   | 4     | 4                | 152.04       | 38.01        | .001       | 38.01        | .03       |
| SPEECH AND AUDIOLOGY           | 17    | 49               | 1,824.42     | 37.23        | .008       | 107.32       | .31       |

| HOSPICE SERVICES              | 12    | 263             | 34,413.36          | 130.85      | .045   | 286   | 7.78 | 5.84        |
|-------------------------------|-------|-----------------|--------------------|-------------|--------|-------|------|-------------|
| NONINST BIRTHING CENTERS      | 0     | 0               | .00                | .00         | .000   |       | .00  | .00         |
| LOCAL EDUCATION AGENCIES      | 33    | 3,762           | 15,668.23          | 4.16        | .639   | 47    | 4.79 | 2.66        |
| EPSDT SUPPLEMENTAL SERVICE    | 1     | 40              | 1,176.40           | 29.41       | .007   | 117   | 6.40 | .20         |
| RESPIRATORY CARE PRACT.       | 0     | 0               | .00                | .00         | .000   |       | .00  | .00         |
| PED SUBACUTE REHAB/WEANING    | 0     | 0               | .00                | .00         | .000   |       | .00  | .00         |
| ALL OTHER PROVIDERS           | 767   | 150,979         | 76 <b>,</b> 097.58 | .50         | 25.629 | 9     | 9.21 | 12.92       |
| @CALIF. CHILDREN SERVICES*    | 34    | 2,035           | \$<br>27,810.37    | \$<br>13.67 | .345   | \$ 81 | 7.95 | \$<br>4.72  |
| @XOVER EXCLUDING STATE HOSP** | 1,581 | 56 <b>,</b> 757 | \$<br>265,220.13   | \$<br>4.67  | 9.635  | \$ 16 | 7.75 | \$<br>45.02 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,633
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

| SACRAMENTO COUNTY          | SUMMARY OF SER  | VICES FOR PUBLIC AS: | SIS | TANCE - AGED        |              |           |        |     |          |
|----------------------------|-----------------|----------------------|-----|---------------------|--------------|-----------|--------|-----|----------|
|                            |                 |                      |     |                     |              | MON       |        | .GE |          |
| 120,512 ELIGIBLES          | USERS           | UNITS OF SERVICE     |     | EXPENDITURES        | AVERAGE COST |           |        |     | COST PER |
|                            |                 | OR DAYS OF CARE      |     |                     | PER UNIT/DAY |           | USER   |     | ELIGIBLE |
|                            | 93,922          | 7,471,927 \$         |     | //                  | \$ 5.66      | 62.002 \$ |        |     | 350.62   |
| @PHYSICIANS SERVICES       | 22 <b>,</b> 077 | 66,426 \$            |     | , ,                 | \$ 21.05     | .551 \$   |        | \$  | 11.60    |
| OUTPATIENT VISITS          | 4,488           | 6 <b>,</b> 053       |     | 188,905.97          | 31.21        | .050      | 42.09  |     | 1.57     |
| OFFICE VISITS              | 4,227           | 5 <b>,</b> 608       |     | 162,172.61          | 28.92        | .047      | 38.37  |     | 1.35     |
| HOME VISITS                | 1               | 1                    |     | 25.20               | 25.20        | .000      | 25.20  |     | .00      |
| EMERGENCY ROOM             | 272             | 301                  |     | 23,261.44           | 77.28        | .002      | 85.52  |     | .19      |
| PREVENTIVE CARE            | 0               | 0                    |     | .00                 | .00          | .000      | .00    |     | .00      |
| OB VISITS/COMPRE PERI      | 0               | 0                    |     | .00                 | .00          | .000      | .00    |     | .00      |
| OTHER OUTPATIENT           | 114             | 143                  |     | 3,446.72            | 24.10        | .001      | 30.23  |     | .03      |
| INPATIENT VISITS           | 277             | 1,230                |     | 55 <b>,</b> 419.57  | 45.06        | .010      | 200.07 |     | .46      |
| HOSPITAL VISITS            | 255             | 1,148                |     | 48 <b>,</b> 969.86  | 42.66        | .010      | 192.04 |     | .41      |
| CRITICAL CARE              | 19              | 54                   |     | 5 <b>,</b> 785.98   | 107.15       | .000      | 304.53 |     | .05      |
| SNF/ICF/TRANS IP CARE      | 19              | 28                   |     | 663.73              | 23.70        | .000      | 34.93  |     | .01      |
| OPHTHALMOLOGICAL SERVICES  | 298             | 385                  |     | 13,300.48           | 34.55        | .003      | 44.63  |     | .11      |
| EXAMINATIONS               | 287             | 373                  |     | 13,030.19           | 34.93        | .003      | 45.40  |     | .11      |
| SERVICES AND MATERIALS     | 12              | 12                   |     | 270.29              | 22.52        | .000      | 22.52  |     | .00      |
| INPATIENT HOSPITAL SURGERY | 109             | 493                  |     | 49,780.83           | 100.98       | .004      | 456.70 |     | .41      |
| PRINCIPAL SURGEON          | 81              | 123                  |     | 38,426.19           | 312.41       | .001      | 474.40 |     | .32      |
| ASSISTANT SURGEON          | 13              | 14                   |     | 2,790.87            | 199.35       | .000      | 214.68 |     | .02      |
| ANESTHESIOLOGIST           | 36              | 356                  |     | 8 <b>,</b> 563.77   | 24.06        | .003      | 237.88 |     | .07      |
| OUTPATIENT SURGERY         | 380             | 809                  |     | 100,527.47          | 124.26       | .007      | 264.55 |     | .83      |
| PRINCIPAL SURGEON          | 323             | 441                  |     | 87,999.57           | 199.55       | .004      | 272.44 |     | .73      |
| ASSISTANT SURGEON          | 4               | 4                    |     | 610.94              | 152.74       | .000      | 152.74 |     | .01      |
| ANESTHESIOLOGIST           | 92              | 364                  |     | 11,916.96           | 32.74        | .003      | 129.53 |     | .10      |
| DIALYSIS                   | 26              | 131                  |     | 6 <b>,</b> 330.95   | 48.33        | .001      | 243.50 |     | .05      |
| PATHOLOGY                  | 760             | 1,223                |     | 8,844.62            | 7.23         |           | 11.64  |     | .07      |
| RADIOLOGY                  | 1,225           | 2,342                |     | 170,446.80          | 72.78        | .019      | 139.14 |     | 1.41     |
| PSYCHIATRY                 | 0               | 0                    |     | .00                 | .00          | .000      | .00    |     | .00      |
| IMMUNIZATION AND INJECTION | 207             | 877                  |     | 22 <b>,</b> 962.50  | 26.18        | .007      | 110.93 |     | .19      |
| OTHER SERVICES/ALL X-OVERS | 17 <b>,</b> 592 | 52,883               |     | 781,507.30          | 14.78        | .439      | 44.42  |     | 6.48     |
| @PHARMACY                  | 79,580          | 3,194,298 \$         |     | 21,484,238.22       |              | 26.506 \$ |        | \$  | 178.27   |
| PRESCRIPTION DRUGS         | 77 <b>,</b> 970 | 332 <b>,</b> 887     |     | 20,617,155.95       | 61.93        | 2.762     | 264.42 |     | 171.08   |
| SNF/ICF                    | 2,455           | 14,654               |     | 824 <b>,</b> 487.27 | 56.26        | .122      | 335.84 |     | 6.84     |
| OUTPATIENTS                | 76 <b>,</b> 226 | 318,233              |     | 19,792,668.68       | 62.20        | 2.641     | 259.66 |     | 164.24   |
| MEDICAL SUPPLIES           | 8,731           | 2,861,411            |     | 867 <b>,</b> 082.27 | .30          | 23.744    | 99.31  |     | 7.19     |
| @DENTIST                   | 5,041           | 21,702 \$            |     | 991,270.36          |              | .180 \$   |        | \$  | 8.23     |
| VISITS - DIAGNOSTIC        | 3,035           | 12,964               |     | 145,511.91          | 11.22        | .108      | 47.94  |     | 1.21     |
| ORAL SURGERY               | 990             | 2,522                |     | 121,301.40          | 48.10        | .021      | 122.53 |     | 1.01     |
|                            |                 |                      |     |                     |              |           |        |     |          |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS                        | 4                | 4                |           | 100.00              | 25.00          | .000           | 25.00       |          | .00        |
|------------------------------|------------------|------------------|-----------|---------------------|----------------|----------------|-------------|----------|------------|
| ANESTHESIA                   | 0                | 0                |           | .00                 | .00            | .000           | .00         |          | .00        |
| PERIODONTICS                 | 267              | 277              |           | 27,530.00           | 99.39          | .002           | 103.11      |          | .23        |
| ENDODONTICS                  | 224              | 322              |           | 75,108.75           | 233.26         | .003           | 335.31      |          | .62        |
| RESTORATIVE DENTISTRY        | 834              | 1,890            |           | 149,325.20          | 79.01          | .016           | 179.05      |          | 1.24       |
| PROSTHETICS                  | 87               | 96               |           | 2,823.50            | 29.41          | .001           | 32.45       |          | .02        |
| DENTURES, STAYPLATES         | 1,349            | 3,533            |           | 469,569.60          | 132.91         | .029           | 348.09      |          | 3.90       |
| SPACE MAINTAINERS            | 0                | 0                |           | .00                 | .00            | .000           | .00         |          | .00        |
| MAXILLOFACIAL SERVICES       | 0                | 0                |           | .00                 | .00            | .000           | .00         |          | .00        |
| FRACTURES, DISLOCATIONS      | 0                | 0                |           | .00                 | .00            | .000           | .00         |          | .00        |
| ORTHODONTIC SERVICES         | 0                | 0                |           | .00                 | .00            | .000           | .00         |          | .00        |
| ALL OTHER SERVICES           | 88               | 94               |           | .00                 | .00            | .001           | .00         |          | .00        |
| #CALIF DEPT OF HEALTH SERV   |                  |                  | RES M     | IONTH-OF-PAYMENT RE |                |                |             | P;       | AGE 10,634 |
| MOP024                       | FEE-FOR-SERVICE  |                  | 100 1     |                     | diona ion onn  | 2001 1111(0 D. | 10 2001     |          | 03/14/05   |
| SACRAMENTO COUNTY            |                  | JICES FOR PUBLIC | TPPA      | STANCE - AGED       |                |                |             |          | 03/11/03   |
| SHORININIO COONTI            | DOIMMINT OF BEIN | VICES FOR FOREIC | 11001     | BITHICE TIGED       |                | MOI            | NTHIY AVERZ | GE -     |            |
| 120,512 ELIGIBLES            | USERS            | UNITS OF SERVIC  | · c       | EXPENDITURES        | AVERAGE COST   |                |             |          | COST PER   |
| 120, 512 EHIGIBLES           | OSEINS           | OR DAYS OF CAR   |           | EXPENDITORES        | PER UNIT/DAY   |                | USER        |          | ELIGIBLE   |
| @OPTOMETRIST                 | 2,218            | 6,745            | .ii<br>\$ | 130,725.88          | \$ 19.38       | .056           |             |          | 1.08       |
| DIAGNOSTIC AND ANC. PROCED   | 2,210<br>655     | 696              | Ą         |                     |                |                | 40.75       | Ą        | .22        |
|                              |                  |                  |           | 26,691.18           | 38.35<br>16.52 | .000           | 52.84       |          | .79        |
| EYE APPLIANCES               | 1,809            | 5,787            |           | 95,582.17           | 10.52          | .048           |             |          |            |
| OTHER OPTOMETRIC SERVICES    | 206              | 262              | <u> </u>  | 8,452.53            | 32.26          |                | 41.03       | <u>^</u> | .07        |
| @CHIROPRACTOR                | 13               | 26               | \$        | 352.56              |                | .000           |             | Ş        | .00        |
| VISITS                       | 8                | 13               |           | 200.64              | 15.43          | .000           | 25.08       |          | .00        |
| OTHER SERVICES               | 5                | 13               |           | 151.92              | 11.69          | .000           | 30.38       |          | .00        |
| @PODIATRIST                  | 1,784            | 2,831            | \$        | 33,955.67           |                | .023           |             | Ş        | .28        |
| MEDICINE/INJECTIONS          | 144              | 149              |           | 4,722.00            | 31.69          | .001           | 32.79       |          | .04        |
| SURGERY/ANES.                | 13               | 15               |           | 249.40              | 16.63          | .000           | 19.18       |          | .00        |
| RADIO./PATHOLOGY             | 2                | 3                |           | 51.90               | 17.30          | .000           | 25.95       |          | .00        |
| OTHER                        | 1,641            | 2,664            |           | 28,932.37           | 10.86          | .022           | 17.63       |          | .24        |
| @HOME HEALTH AGENCY          | 73               | 425              | \$        | 29,646.78           |                | .004           |             |          | .25        |
| NURSE ANESTHESIST            | 51               | 379              | \$        | 1,233.51            | \$ 3.25        | .003           |             |          | .01        |
| NURSE MIDWIFE                | 0                | 0                | \$        |                     | \$ .00         | .000           |             |          | .00        |
| PEDIATRIC NURSE PRACTITIONER |                  | 0                | \$        |                     | \$ .00         | .000           |             |          | .00        |
| FAMILY NURSE PRACTITIONER    | 5                | 14               | \$        | 295.54              |                | .000           |             |          | .00        |
| @TOTAL HOSPITAL              | 6,073            | 40,289           | \$        | 5,744,448.99        |                | .334           | \$ 945.90   | \$       | 47.67      |
| HOSP INPATIENT TOTAL         | 1,128            | 4,357            |           | 5,155,209.41        | 1183.20        | .036           | 4570.22     |          | 42.78      |
| HSC HOSPITALS                | 805              | 4,208            |           | 4,768,704.92        | 1133.25        | .035           | 5923.86     |          | 39.57      |
| NON-HSC HOSPITAL TOTAL       | 38               | 149              |           | 142,437.60          | 955.96         | .001           | 3748.36     |          | 1.18       |
| ACCOMMODATIONS               | 38               | 149              |           | 54,871.51           | 368.27         | .001           | 1443.99     |          | .46        |
| ADMINISTRATIVE DAYS          | 3                | 4                |           | 759.00              | 189.75         | .000           | 253.00      |          | .01        |
| TRANSITIONAL IP CARE         | 0                | 0                |           | .00                 | .00            | .000           | .00         |          | .00        |
| ALL OTHER ACCOM              | 35               | 145              |           | 54,112.51           | 373.19         | .001           | 1546.07     |          | .45        |
| ANCILLARIES                  | 38               | 0                |           | 87,566.09           | .00            | .000           | 2304.37     |          | .73        |
| INPATIENT CROSSOVERS         | 304              | 0                |           | 244,066.89          | .00            | .000           | 802.85      |          | 2.03       |
| ALL OTHER INPATIENT          | 0                | 0                |           | .00                 | .00            | .000           | .00         |          | .00        |
| HOSP OUTPATIENT TOTAL        | 5,099            | 35,932           |           | 589,239.58          | 16.40          | .298           | 115.56      |          | 4.89       |
| MEDICAL                      | 214              | 308              |           | 10,669.28           | 34.64          | .003           | 49.86       |          | .09        |
| SURGERY                      | 68               | 72               |           | 4,842.09            | 67.25          | .001           | 71.21       |          | .04        |
| PATHOLOGY                    | 365              | 2,132            |           | 16,774.55           | 7.87           | .018           | 45.96       |          | .14        |
| RADIOLOGY                    | 258              | 446              |           | 38,443.90           | 86.20          | .004           | 149.01      |          | .32        |
| ROOM USE                     | 410              | 540              |           | 22,323.60           | 41.34          | .004           | 54.45       |          | .19        |
| CROSSOVERS/ALL OTH OUTPINT   |                  | 32,434           |           | 496,186.16          | 15.30          | .269           | 107.73      |          | 4.12       |
| @COUNTY HOSPITAL TOTAL       | 33               | 94               | \$        | 27,076.75           | \$ 288.05      | .001           |             | Ś        | .22        |
| CO HOSPITAL INPATIENT TOTAL  |                  | 37               | ~         | 25,801.87           | 697.35         | .000           | 3685.98     | ~        | .21        |
| HSC HOSPITALS                | 6                | 30               |           | 23,927.09           | 797.57         | .000           | 3987.85     |          | .20        |
| 1100 11001 117110            | 9                | 30               |           | 23, 327.09          | 131.31         | • 0 0 0        | 3307.03     |          | . 20       |

| NON HEC HOCDIENIC BOEN     | 2                  | 7                 | 998.78             | 140 (0        | 000         | 400 20      | 0.1         |
|----------------------------|--------------------|-------------------|--------------------|---------------|-------------|-------------|-------------|
| NON-HSC HOSPITALS TOTAL    | 2                  | 7                 |                    | 142.68        | .000        | 499.39      | .01         |
| ACCOMMODATIONS             | 2                  | /                 | 615.21             | 87.89         | .000        | 307.61      | .01         |
| ADMINISTRATIVE DAYS        | U                  | 0                 | .00                | .00           | .000        | .00         | .00         |
| TRANSITIONAL IP CARE       | 0                  | 0                 | .00                | .00           | .000        | .00         | .00         |
| ALL OTHER ACCOM            | 2                  | 7                 | 615.21             | 87.89         | .000        | 307.61      | .01         |
| ANCILLARIES                | 2                  | 0                 | 383.57             | .00           | .000        | 191.79      | .00         |
| INPATIENT CROSSOVERS       | 1                  | 0                 | 876.00             | .00           | .000        | 876.00      | .01         |
| ALL OTHER INPATIENT        | 0                  | 0                 | .00                | .00           | .000        | .00         | .00         |
| CO HOSP OUTPATIENT TOTAL   | 27                 | 57                | 1,274.88           | 22.37         | .000        | 47.22       | .01         |
| MEDICAL                    | 3                  | 3                 | 89.74              | 29.91         | .000        | 29.91       | .00         |
| SURGERY                    | 0                  | 0                 | .00                | .00           | .000        | .00         | .00         |
| PATHOLOGY                  | 0                  | 0                 | .00                | .00           | .000        | .00         | .00         |
| RADIOLOGY                  | 1                  | 1                 | 29.45              | 29.45         | .000        | 29.45       | .00         |
| ROOM USE                   | 5                  | 5                 | 183.30             | 36.66         | .000        | 36.66       | .00         |
| CROSSOVERS/ALL OTH OUTPTNT | 22                 | 48                | 972.39             | 20.26         | .000        | 44.20       | .01         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES  | AND EXPENDITURES  | MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU D | EC 2004     | PAGE 10,635 |
| MOP024                     | FEE-FOR-SERVICE/D  | ENTAL             |                    |               |             |             | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICE | ES FOR PUBLIC ASS | ISTANCE - AGED     |               |             |             |             |
|                            |                    |                   |                    |               | MC          | NTHLY AVERA | GE          |
| 120,512 ELIGIBLES          | USERS U            | NITS OF SERVICE   | EXPENDITURES       | AVERAGE COST  | UNITS/DAYS  | COST PER    | COST PER    |
|                            |                    | OR DAYS OF CARE   |                    | PER UNIT/DAY  | PER ELIG    | USER        | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL  | 6,041              | 40,195 \$         | 5,717,372.24       | \$ 142.24     | .334        | \$ 946.43   | \$ 47.44    |
| COMM HOSP INPATIENT TOTAL  | 1,122              | 4,320             | 5,129,407.54       | 1187.36       | .036        | 4571.66     | 42.56       |
| HSC HOSPITALS              | 800                | 4,178             | 4,744,777.83       | 1135.66       | .035        | 5930.97     | 39.37       |
| NON-HSC HOSPITALS TOTAL    | 36                 | 142               | 141,438.82         | 996.05        | .001        | 3928.86     | 1.17        |
| ACCOMMODATIONS             | 36                 | 142               | 54,256.30          | 382.09        | .001        | 1507.12     | .45         |
| ADMINISTRATIVE DAYS        | 3                  | 4                 | 759.00             | 189.75        | .000        | 253.00      | .01         |
| TRANSITIONAL IP CARE       | 0                  | 0                 | .00                | .00           | .000        | .00         | .00         |
| ALL OTHER ACCOM            | 33                 | 138               | 53,497.30          | 387.66        | .001        | 1621.13     | .44         |
| ANCILLARIES                | 36                 | 0                 | 87,182.52          | .00           | .000        | 2421.74     | .72         |
| INPATIENT CROSSOVERS       | 30                 |                   |                    |               |             |             |             |
| INFAITENI CKOSSOVEKS       |                    | 0                 | •                  |               |             | 802.61      |             |
| ALL OTHER INPATIENT        | 303                | 0                 | 243,190.89         | .00           | .000        |             | 2.02        |

| COMM HOSP OUTPATIENT TOTAL  | 5 <b>,</b> 072                 | 35 <b>,</b> 875             |          | 587 <b>,</b> 964.70  |          | 16.39      | .298                |          | 115.92   |          | 4.88       |
|---|--------------------------------|-----------------------------|----------|--|----------|------------|---------------------|----------|--|----------|------------|
| MEDICAL   | 211                            | 305                         |          | 10,579.54  |          | 34.69      | .003                |          | 50.14  |          | .09        |
| SURGERY   | 211<br>68<br>365<br>257<br>405 | 72                          |          | 10,579.54<br>4,842.09<br>16,774.55<br>38,414.45<br>22,140.30 |          | 67.25      | .001                |          | 50.14<br>71.21<br>45.96<br>149.47<br>54.67<br>108.03 |          | .04        |
| PATHOLOGY   | 365                            | 2,132                       |          | 16,774.55  |          | 7.87       | .018                |          | 45.96  |          | .14        |
| RADIOLOGY   | 257                            | 445                         |          | 38.414.45  |          | 86 32      | 004                 |          | 149 47   |          | .32        |
| ROOM USE  | 405                            | 535                         |          | 22 140 30  |          | 41 38      | 004                 |          | 54 67  |          | .18        |
| CDOCCOVEDG / ALL OHU OUHDHAM  | 4.504                          | 535<br>32 <b>,</b> 386<br>0 |          | 495,213.77   |          | 15 20      | P00.                |          | 108.03   |          | 4.11       |
| CROSSOVERS/ALL OTH OUTPINT  | 4,584                          | 32,386                      | <u> </u> | 495,213.77   | <u>^</u> | 15.29      | .269                | <u> </u> | 108.03   | <u> </u> | 4.11       |
| @STATE HOSPITAL   | U                              | U                           | \$       | .00  | Ş        | .00        | .000                | Ş        | .00  | \$       | .00        |
| MENTALLY ILL  | 0                              | 0                           |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| DEVELOP. DISABLED   | 0                              | 0                           |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| @NURSING FACILITY   | 2,048                          | 48,692                      | \$       | 6,635,516.80   | \$       | 136.28     | .404                | \$       | 3240.00  | \$       | 55.06      |
| LEV A-INTERMEDIATE  | 23                             | 697                         |          | 48,209.31  |          | 69.17      | .006                |          | 2096.06  |          | .40        |
| LEV B-REHAB MD  | 11                             | 363                         |          | 45,455.81  |          | 125.22     | .003                |          | 4132.35  |          | .38        |
| LEV B-SUBACUTE FREESTANDING   | 4                              | 123                         |          | 46.883 00  |          | 381 16     | 0.01                |          | 11720 75   |          | 39         |
| TEV B-SIBACITE HSDTL BASED  | 7                              | 155                         |          | 79 472 28  |          | 512 72     | 001                 |          | 11353 18   |          | 66         |
| TEV D SODACOTE HIST IL DAGED  | ,                              | 133                         |          | 73,472.20  |          | 00         | .001                |          | 11333.10   |          | .00        |
| LEV B-IRANSIIIONAL IF CARE  | 2 000                          | 47 254                      |          | .00  |          | 105 40     | .000                |          | 2102 20  |          | .00        |
| LEV B-REGULAR   | 2,009                          | 4/,354                      | <u> </u> | 6,415,496.40   | <u>^</u> | 133.48     | .393                | <u> </u> | 3193.38  | <u> </u> | 55.24      |
| @INTERMEDIATE CARE FACILDD  | U                              | U                           | \$       | .00  | Ş        | .00        | .000                | Ş        | .00  | \$       | .00        |
| ICF DDH   | 0                              | 0                           |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| ICF DD  | 0                              | 0                           |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| ICF DDN/DDCN  | 0                              | 0                           |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| @HEMODIALYSIS TOTAL   | 496                            | 2,337                       | \$       | 393,835.70   | \$       | 168.52     | .019                | \$       | 794.02   | \$       | 3.27       |
| HOSPITAL BASED  | 4                              | 50                          |          | 9,805.36   |          | 196.11     | .000                |          | 2451.34  |          | .08        |
| HEMODIALYSIS CENTER   | 492                            | 2.287                       |          | 384.030.34   |          | 167.92     | .019                |          | 780.55   |          | 3.19       |
| @REHABILITATION FACILITY  | 8                              | 23                          | Ś        | 566 29   | Ś        | 24 62      | 000                 | Ś        | 70 79  | Ś        | 0.0        |
| HOSPITAL BASED  | 8                              | 23                          | 7        | 566 29   | т.       | 24 62      | 000                 | 7        | 70 79  | т        | 00         |
| THOSTITAL DAGED   | 0                              | 0                           |          | 00.25  |          | 00         | 000                 |          | 70.75  |          | 0.0        |
| GIADODAMODA EXCILIMA  | 1 600                          | E 920                       | ċ        | 63 000 60  | ċ        | 10 00      | 0.00                | ċ        | 27 04  | ċ        | .00        |
| BARNOLOGY   | 1,009                          | 5,020                       | Ą        | 63,909.69  | ې        | 10.90      | .040                | Ą        | 37.04  | Ş        | . 33       |
| PATHOLOGY   | 1,489                          | 5,444                       |          | 59,159.39  |          | 10.87      | .045                |          | 39./3  |          | .49        |
| XO AND OTHERS   | 200                            | 3/6                         |          | 4,/50.30   |          | 12.63      | .003                |          | 23.75  |          | .04        |
| @ORGANIZED OUTPATIENT CLINIC  | 865                            | 3,110                       | Ş        | 141,603.95   | Ş        | 45.53      | .026                | Ş        | 163.70   | Ş        | 1.18       |
| CLINIC  | 291                            | 1 <b>,</b> 760              |          | 38,305.71  |          | 21.76      | .015                |          | 131.63   |          | .32        |
| SURGICENTER   | 369                            | 1,052                       |          | 85,071.33  |          | 80.87      | .009                |          | 230.55   |          | .71        |
| HEROIN DETOX CLINIC   | 0                              | 0                           |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| RURAL HEALTH CLINIC   | 206                            | 298                         |          | 18,226.91  |          | 61.16      | .002                |          | 88.48  |          | .15        |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIO                | CES AND EXPENDITUR          | RES M    | ONTH-OF-PAYMENT F  | REPORT   | r for Jan  | 2004 THRU           | DEC      | 2004   | PZ       | AGE 10,636 |
| MOP024  | FEE-FOR-SERVICE                | Z/DENTAL                    | _        |  |          |            |                     |          |  |          | 03/14/05   |
| CROSSOVERS/ALL OTH OUTPTNT  (STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED (NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR (INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN (HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER (REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS (ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOPO24 SACRAMENTO COUNTY | SIIMMARY OF SERV               | TICES FOR PUBLIC            | ZSST     | STANCE - AGED  |          |            |                     |          |  |          | 03/11/03   |
|   |                                |                             |          |  |          |            | M                   | ∩NTT     | עדע אזידטא   | CF.      |            |
| 120,512 ELIGIBLES   | HEEDE                          | UNITS OF SERVICE            | ,        | EXPENDITURES   | 7/ 7/ 7/ | DACE COCT  | ייו<br>עמ/סחדואוז י | ONI      | COCH DED   | رتاق     | COST PER   |
| 120, J12 ELIGIBLES  | USEKS                          | OR DAVE OF CARE             | ,        | EVERNDIIOKES   | DEI      | FUNCE COST | ONIIS/DAI           | ۵        | COSI FER   | Т.       | ELIGIBLE   |
| OALL OHUED DDOMIDEDG  | 10 001                         | OR DAIS OF CARE             | ,        | F 204 047 2F   | rer<br>c | 1 00       | . PER ELIG          | Ċ        | USER   | ,<br>1   | 40 10      |
| GALL OTHER PROVIDERS  | 19,091                         | 4,0/8,810                   | \$       | 5,204,847.35   | \$       | 1.28       | 33.846              | Ş        | 2/2.63   | \$       | 43.19      |
| DURABLE MED. EQUIP.   | //3                            | 1,585                       |          | 193,936.35   |          | 122.36     | .013                |          | 250.89   |          | 1.61       |
| BLOOD BANK  | 0                              | 0                           |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| HEARING AID DISPENSERS  | 77                             | 99                          |          | 36,795.60  |          | 371.67     | .001                |          | 477.86   |          | .31        |
| MEDICAL TRANSPORTATION  | 1,957                          | 96,794                      |          | 391,997.22   |          | 4.05       | .803                |          | 200.31   |          | 3.25       |
| AMBULANCES/AIR TRANS  | 360                            | 1,711                       |          | 36,822.95  |          | 21.52      | .014                |          | 102.29   |          | .31        |
| OTHER TRANS   | 1.335                          | 92.657                      |          | 346.785.74   |          | 3.74       | . 769               |          | 259.76   |          | 2.88       |
| OTHER SERVICES  | 336                            | 2.426                       |          | 8.388 53   |          | 3 46       | 020                 |          | 24 97  |          | .07        |
| ACIDINCTIRE   | 2 112                          | 1 026                       |          | 96 130 77  |          | 17 55      | 020                 |          | 40 00  |          | .72        |
| ACUEUNCIURE   | 2,113                          | 4,320                       |          | 00,430.//  |          | 11.00      | .041                |          | 40.30  |          | . / 4      |
| ADULT DAY HEALTH CARE CTR   | Z, /ZI                         | 38,485                      |          | 2,656,48/.46   |          | 69.03      | .319                |          | 9/6.29   |          | 22.04      |
| 120,512 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST  |                                |                             |          | .00  |          | .00        | .000                |          | .00  |          | .00        |
| IHMC, MODEL-NF, NF, AIDS, MSSP  | 1,320                          | 9,751                       |          | 508,373.23   |          | 52.14      | .081                |          | 385.13   |          | 4.22       |
| OCCUPATIONAL THERAPIST  | 2                              | 62                          |          | 198.21   |          | 3.20       | .001                |          | 99.11  |          | .00        |
| ODTTCTAN  | 2 470                          | 6 032                       |          | 68 556 35  |          | 11 37      | 050                 |          | 27 76  |          | 57         |

6,032

633

2,470

69

OPTICIAN

PHYSICAL THERAPIST

68,556.35

8,284.64

11.37

13.09

.050

.005

27.76

120.07

.57

.07

| 122             | 220  |   | 482.61   |   | 2.19   | .002   |   | 3.96    |   | .00   |
|-----------------|--|---|--|---|--|--|---|---------|---|---|
| 71              | 179  |   | 4,724.45   |   | 26.39  | .001   |   | 66.54   |   | .04   |
| 71              | 179  |   | 4,724.45   |   | 26.39  | .001   |   | 66.54   |   | .04   |
| 0               | 0  |   | .00  |   | .00  | .000   |   | .00     |   | .00   |
| 7               | 11   |   | 25.28  |   | 2.30   | .000   |   | 3.61    |   | .00   |
| 439             | 1,154  |   | 126,875.33   |   | 109.94   | .010   |   | 289.01  |   | 1.05  |
| 141             | 3,412  |   | 454,101.45   |   | 133.09   | .028   |   | 3220.58 |   | 3.77  |
| 0               | 0  |   | .00  |   | .00  | .000   |   | .00     |   | .00   |
| 3               | 4  |   | 34.49  |   | 8.62   | .000   |   | 11.50   |   | .00   |
| 0               | 0  |   | .00  |   | .00  | .000   |   | .00     |   | .00   |
| 0               | 0  |   | .00  |   | .00  | .000   |   | .00     |   | .00   |
| 0               | 0  |   | .00  |   | .00  | .000   |   | .00     |   | .00   |
| 9,088           | 3,915,463  |   | 667 <b>,</b> 543.91  |   | .17  | 32.490   |   | 73.45   |   | 5.54  |
| 4               | 1,749  | \$  | 607.57   | \$  | .35  | .015   | \$  | 151.89  | \$  | .01   |
| 25 <b>,</b> 807 | 329 <b>,</b> 353   | \$  | 2,816,750.29   | \$  | 8.55   | 2.733  | \$  | 109.15  | \$  | 23.37   |
|                 | 71<br>71<br>0<br>7<br>439<br>141<br>0<br>3<br>0<br>0<br>0<br>9,088 | 71 179 71 179 71 179 0 0 7 11 439 1,154 141 3,412 0 0 3 4 0 0 0 0 0 0 9,088 3,915,463 4 1,749 | 71 179 71 179 71 179 0 0 0 7 11 439 1,154 141 3,412 0 0 0 3 4 0 0 0 0 0 0 0 9,088 3,915,463 4 1,749 \$ | 71 179 4,724.45 71 179 4,724.45 0 0 0 .00 7 11 25.28 439 1,154 126,875.33 141 3,412 454,101.45 0 0 .00 3 4 34.49 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 9,088 3,915,463 667,543.91 4 1,749 \$ 607.57 | 71 179 4,724.45 71 179 4,724.45 0 0 0 .00 7 11 25.28 439 1,154 126,875.33 141 3,412 454,101.45 0 0 .00 3 4 34.49 0 0 0 .00 0 0 0 .00 0 0 0 .00 9,088 3,915,463 667,543.91 4 1,749 \$ 607.57 \$ | 71       179       4,724.45       26.39         71       179       4,724.45       26.39         0       0       .00       .00         7       11       25.28       2.30         439       1,154       126,875.33       109.94         141       3,412       454,101.45       133.09         0       0       .00       .00         3       4       34.49       8.62         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         9,088       3,915,463       667,543.91       .17         4       1,749       \$       607.57       \$ | 71       179       4,724.45       26.39       .001         71       179       4,724.45       26.39       .001         0       0       .00       .00       .000         7       11       25.28       2.30       .000         439       1,154       126,875.33       109.94       .010         141       3,412       454,101.45       133.09       .028         0       0       .00       .00       .000         3       4       34.49       8.62       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0       0       .00       .00       .00         9,088       3,915,463       667,543.91 <td< td=""><td>71</td><td>71       179       4,724.45       26.39       .001       66.54         71       179       4,724.45       26.39       .001       66.54         0       0       .00       .00       .000       .00         7       11       25.28       2.30       .000       3.61         439       1,154       126,875.33       109.94       .010       289.01         141       3,412       454,101.45       133.09       .028       3220.58         0       0       .00       .00       .00       .00       .00         3       4       34.49       8.62       .000       11.50         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00</td><td>71       179       4,724.45       26.39       .001       66.54         71       179       4,724.45       26.39       .001       66.54         0       0       .00       .00       .000       .00         7       11       25.28       2.30       .000       3.61         439       1,154       126,875.33       109.94       .010       289.01         141       3,412       454,101.45       133.09       .028       3220.58         0       0       .00       .00       .00       .00         3       4       34.49       8.62       .000       11.50         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00</td></td<> | 71      | 71       179       4,724.45       26.39       .001       66.54         71       179       4,724.45       26.39       .001       66.54         0       0       .00       .00       .000       .00         7       11       25.28       2.30       .000       3.61         439       1,154       126,875.33       109.94       .010       289.01         141       3,412       454,101.45       133.09       .028       3220.58         0       0       .00       .00       .00       .00       .00         3       4       34.49       8.62       .000       11.50         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00 | 71       179       4,724.45       26.39       .001       66.54         71       179       4,724.45       26.39       .001       66.54         0       0       .00       .00       .000       .00         7       11       25.28       2.30       .000       3.61         439       1,154       126,875.33       109.94       .010       289.01         141       3,412       454,101.45       133.09       .028       3220.58         0       0       .00       .00       .00       .00         3       4       34.49       8.62       .000       11.50         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00 |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,637 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| 11,706 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE  @TOTAL, ALL PROVIDERS 8,992 910,610 \$ 6,932,486.33 \$ 7.61 77.790 \$ 770.96 \$ 592.22  @PHYSICIANS SERVICES 3,165 9,995 \$ 349,207.61 \$ 34.94 .854 \$ 110.33 \$ 29.83  OUTPATIENT VISITS 1,643 2,408 81,879.07 34.00 .206 49.84 6.99  OFFICE VISITS 1,270 1,773 54,001.16 30.46 .151 42.52 4.61  HOME VISITS 0 0 0 .00 .00 .000 .00 .00  EMERGENCY ROOM 241 2.75 18.959.37 68.94 .023 78.67 1.62  PREVENTIVE CARE 1 1 37.39 37.39 .000 37.39 .000  OB VISITS/COMPRE PERI 5 25 5.96.99 20.39 .002 101.94 .04  OTHER OUTPATIENT VISITS 163 780 40,694.11 52.17 .067 249.66 3.48  HOSPITAL VISITS 129 661 29,151.33 44.10 .056 225.98 2.49  CRITICAL CARE 17 71 9,969.65 140.42 .006 586.45 .85  SNF/ICF/TRANS IP CARE 33 48 1,573.13 32.77 .004 47.67 .13  OPHTHALMOLOGICAL SERVICES 195 262 10,001.44 38.17 .022 51.29 .85  EXPENDITURES AND MATERIALS 5 118.23 23.65 .000 23.65 .01   |
|--|
| ## CORDAYS OF CARE   PER UNIT/DAY PER ELIG   USER   ELIGIBLE   |
| ## CTOTAL, ALL PROVIDERS   8,992   910,610   \$   6,932,486.33   \$   7.61   77.790   \$   770.96   \$   592.22   ## OPHYSICIANS SERVICES   3,165   9,995   \$   349,207.61   \$   34.94   .854   \$   110.33   \$   29.83   ## OUTPATIENT VISITS   1,643   2,408   81,879.07   34.00   .206   49.84   6.99   ## OFFICE VISITS   1,270   1,773   54,001.16   30.46   .151   42.52   4.61   ## HOME VISITS   0   0   0.00   .00   .00   .00   .00   ## EMERGENCY ROOM   241   275   18,959.37   68.94   .023   78.67   1.62   ## PREVENTIVE CARE   1   1   37.39   37.39   .000   37.39   .00   ## OB VISITS/COMPRE PERI   5   25   509.69   20.39   .002   101.94   .04   ## OTHER OUTPATIENT   254   334   8,371.46   25.06   .029   32.96   .72   ## INPATIENT VISITS   163   780   40,694.11   52.17   .067   249.66   3.48   ## HOSPITAL VISITS   129   661   29,151.33   44.10   .056   225.98   2.49   ## CRITICAL CARE   17   71   9,969.65   140.42   .006   586.45   .85   ## SNF/ICF/TRANS IP CARE   33   48   1,573.13   32.77   .004   47.67   .13   ## OPHTHALMOLOGICAL SERVICES   195   262   10,001.44   38.17   .022   51.29   .85   ## EXAMINATIONS   191   257   9,883.21   38.46   .022   51.74   .84 |
| @PHYSICIANS SERVICES         3,165         9,995         \$ 349,207.61         \$ 34.94         .854         \$ 110.33         \$ 29.83           OUTPATIENT VISITS         1,643         2,408         81,879.07         34.00         .206         49.84         6.99           OFFICE VISITS         1,270         1,773         54,001.16         30.46         .151         42.52         4.61           HOME VISITS         0         0         .00         .00         .00         .00         .00           EMERGENCY ROOM         241         275         18,959.37         68.94         .023         78.67         1.62           PREVENTIVE CARE         1         1         37.39         37.39         .000         37.39         .00           OB VISITS/COMPRE PERI         5         25         509.69         20.39         .002         101.94         .04           OTHER OUTPATIENT         254         334         8,371.46         25.06         .029         32.96         .72           INPATIENT VISITS         163         780         40,694.11         52.17         .067         249.66         3.48           HOSPITAL VISITS         129         661         29,151.33         44.10     |
| OUTPATIENT VISITS 1,643 2,408 81,879.07 34.00 .206 49.84 6.99 OFFICE VISITS 1,270 1,773 54,001.16 30.46 .151 42.52 4.61 HOME VISITS 0 0 0 .00 .00 .00 .00 .00  EMERGENCY ROOM 241 275 18,959.37 68.94 .023 78.67 1.62 PREVENTIVE CARE 1 1 37.39 37.39 .000 37.39 .00  OB VISITS/COMPRE PERI 5 25 509.69 20.39 .002 101.94 .04 OTHER OUTPATIENT 254 334 8,371.46 25.06 .029 32.96 .72 INPATIENT VISITS 163 780 40,694.11 52.17 .067 249.66 3.48 HOSPITAL VISITS 129 661 29,151.33 44.10 .056 225.98 2.49 CRITICAL CARE 17 71 9,969.65 140.42 .006 586.45 .85 SNF/ICF/TRANS IP CARE 33 48 1,573.13 32.77 .004 47.67 .13 OPHTHALMOLOGICAL SERVICES 195 262 10,001.44 38.17 .022 51.29 .85 EXAMINATIONS 191 257 9,883.21 38.46 .022 51.74 .84  |
| OFFICE VISITS 1,270 1,773 54,001.16 30.46 .151 42.52 4.61 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |
| HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |
| EMERGENCY ROOM 241 275 18,959.37 68.94 .023 78.67 1.62 PREVENTIVE CARE 1 1 37.39 37.39 .000 37.39 .00 OB VISITS/COMPRE PERI 5 25 509.69 20.39 .002 101.94 .04 OTHER OUTPATIENT 254 334 8,371.46 25.06 .029 32.96 .72 INPATIENT VISITS 163 780 40,694.11 52.17 .067 249.66 3.48 HOSPITAL VISITS 129 661 29,151.33 44.10 .056 225.98 2.49 CRITICAL CARE 17 71 9,969.65 140.42 .006 586.45 .85 SNF/ICF/TRANS IP CARE 33 48 1,573.13 32.77 .004 47.67 .13 OPHTHALMOLOGICAL SERVICES 195 262 10,001.44 38.17 .022 51.29 .85 EXAMINATIONS 191 257 9,883.21 38.46 .022 51.74 .84  |
| PREVENTIVE CARE         1         1         37.39         37.39         37.39         .000         37.39         .00           OB VISITS/COMPRE PERI         5         25         509.69         20.39         .002         101.94         .04           OTHER OUTPATIENT         254         334         8,371.46         25.06         .029         32.96         .72           INPATIENT VISITS         163         780         40,694.11         52.17         .067         249.66         3.48           HOSPITAL VISITS         129         661         29,151.33         44.10         .056         225.98         2.49           CRITICAL CARE         17         71         9,969.65         140.42         .006         586.45         .85           SNF/ICF/TRANS IP CARE         33         48         1,573.13         32.77         .004         47.67         .13           OPHTHALMOLOGICAL SERVICES         195         262         10,001.44         38.17         .022         51.29         .85           EXAMINATIONS         191         257         9,883.21         38.46         .022         51.74         .84   |
| OB VISITS/COMPRE PERI 5 25 509.69 20.39 .002 101.94 .04 OTHER OUTPATIENT 254 334 8,371.46 25.06 .029 32.96 .72 INPATIENT VISITS 163 780 40,694.11 52.17 .067 249.66 3.48 HOSPITAL VISITS 129 661 29,151.33 44.10 .056 225.98 2.49 CRITICAL CARE 17 71 9,969.65 140.42 .006 586.45 .85 SNF/ICF/TRANS IP CARE 33 48 1,573.13 32.77 .004 47.67 .13 OPHTHALMOLOGICAL SERVICES 195 262 10,001.44 38.17 .022 51.29 .85 EXAMINATIONS 191 257 9,883.21 38.46 .022 51.74 .84  |
| OTHER OUTPATIENT 254 334 8,371.46 25.06 .029 32.96 .72 INPATIENT VISITS 163 780 40,694.11 52.17 .067 249.66 3.48 HOSPITAL VISITS 129 661 29,151.33 44.10 .056 225.98 2.49 CRITICAL CARE 17 71 9,969.65 140.42 .006 586.45 .85 SNF/ICF/TRANS IP CARE 33 48 1,573.13 32.77 .004 47.67 .13 OPHTHALMOLOGICAL SERVICES 195 262 10,001.44 38.17 .022 51.29 .85 EXAMINATIONS 191 257 9,883.21 38.46 .022 51.74 .84  |
| INPATIENT VISITS 163 780 40,694.11 52.17 .067 249.66 3.48 HOSPITAL VISITS 129 661 29,151.33 44.10 .056 225.98 2.49 CRITICAL CARE 17 71 9,969.65 140.42 .006 586.45 .85 SNF/ICF/TRANS IP CARE 33 48 1,573.13 32.77 .004 47.67 .13 OPHTHALMOLOGICAL SERVICES 195 262 10,001.44 38.17 .022 51.29 .85 EXAMINATIONS 191 257 9,883.21 38.46 .022 51.74 .84   |
| HOSPITAL VISITS       129       661       29,151.33       44.10       .056       225.98       2.49         CRITICAL CARE       17       71       9,969.65       140.42       .006       586.45       .85         SNF/ICF/TRANS IP CARE       33       48       1,573.13       32.77       .004       47.67       .13         OPHTHALMOLOGICAL SERVICES       195       262       10,001.44       38.17       .022       51.29       .85         EXAMINATIONS       191       257       9,883.21       38.46       .022       51.74       .84   |
| CRITICAL CARE 17 71 9,969.65 140.42 .006 586.45 .85 SNF/ICF/TRANS IP CARE 33 48 1,573.13 32.77 .004 47.67 .13 OPHTHALMOLOGICAL SERVICES 195 262 10,001.44 38.17 .022 51.29 .85 EXAMINATIONS 191 257 9,883.21 38.46 .022 51.74 .84  |
| SNF/ICF/TRANS IP CARE     33     48     1,573.13     32.77     .004     47.67     .13       OPHTHALMOLOGICAL SERVICES     195     262     10,001.44     38.17     .022     51.29     .85       EXAMINATIONS     191     257     9,883.21     38.46     .022     51.74     .84  |
| OPHTHALMOLOGICAL SERVICES       195       262       10,001.44       38.17       .022       51.29       .85         EXAMINATIONS       191       257       9,883.21       38.46       .022       51.74       .84  |
| EXAMINATIONS 191 257 9,883.21 38.46 .022 51.74 .84   |
|  |
| SERVICES AND MATERIALS 5 5 118.23 23.65 .000 23.65 .01   |
|  |
| INPATIENT HOSPITAL SURGERY 48 225 27,585.57 122.60 .019 574.70 2.36  |
| PRINCIPAL SURGEON 36 56 21,902.73 391.12 .005 608.41 1.87  |
| ASSISTANT SURGEON 5 5 1,420.28 284.06 .000 284.06 .12  |
| ANESTHESIOLOGIST 19 164 4,262.56 25.99 .014 224.35 .36   |
| OUTPATIENT SURGERY 190 492 53,801.57 109.35 .042 283.17 4.60   |
| PRINCIPAL SURGEON 155 204 45,288.46 222.00 .017 292.18 3.87  |
| ASSISTANT SURGEON 4 4 938.57 234.64 .000 234.64 .08  |
| ANESTHESIOLOGIST 52 284 7,574.54 26.67 .024 145.66 .65   |
| DIALYSIS 79 356 22,291.02 62.62 .030 282.16 1.90   |
| PATHOLOGY 219 403 3,656.81 9.07 .034 16.70 .31   |
| RADIOLOGY 485 935 38,501.18 41.18 .080 79.38 3.29  |
| PSYCHIATRY 1 1 1 32.98 32.98 .000 32.98 .00  |
| IMMUNIZATION AND INJECTION 72 116 1,912.38 16.49 .010 26.56 .16  |
| OTHER SERVICES/ALL X-OVERS 1,379 4,017 68,851.48 17.14 .343 49.93 5.88   |
| @PHARMACY 7,151 338,882 \$ 2,761,057.43 \$ 8.15 28.949 \$ 386.11 \$ 235.87   |
| PRESCRIPTION DRUGS 6,950 33,209 2,587,242.20 77.91 2.837 372.27 221.02   |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF                    | 208                  | 1,056            |       | 103,819.90          |       | 98.31     | .090      |     | 499.13 |    | 8.87       |
|----------------------------|----------------------|------------------|-------|---------------------|-------|-----------|-----------|-----|--------|----|------------|
| OUTPATIENTS                | 6 <b>,</b> 827       | 32,153           |       | 2,483,422.30        |       | 77.24     | 2.747     |     | 363.76 |    | 212.15     |
| MEDICAL SUPPLIES           | 1,375                | 305 <b>,</b> 673 |       | 173,815.23          |       | .57       | 26.113    |     | 126.41 |    | 14.85      |
| @DENTIST                   | 497                  | 2,457            | \$    | 76,545.25           | \$    | 31.15     | .210      | \$  | 154.01 | \$ | 6.54       |
| VISITS - DIAGNOSTIC        | 343                  | 1,685            |       | 20,360.90           |       | 12.08     | .144      |     | 59.36  |    | 1.74       |
| ORAL SURGERY               | 90                   | 245              |       | 13,181.00           |       | 53.80     | .021      |     | 146.46 |    | 1.13       |
| DRUGS                      | 1                    | 1                |       | .00                 |       | .00       | .000      |     | .00    |    | .00        |
| ANESTHESIA                 | 0                    | 0                |       | .00                 |       | .00       | .000      |     | .00    |    | .00        |
| PERIODONTICS               | 33                   | 36               |       | 3,641.00            |       | 101.14    | .003      |     | 110.33 |    | .31        |
| ENDODONTICS                | 24                   | 26               |       | 6,421.00            |       | 246.96    | .002      |     | 267.54 |    | .55        |
| RESTORATIVE DENTISTRY      | 104                  | 266              |       | 13,286.00           |       | 49.95     | .023      |     | 127.75 |    | 1.13       |
| PROSTHETICS                | 6                    | 6                |       | 170.00              |       | 28.33     | .001      |     | 28.33  |    | .01        |
| DENTURES, STAYPLATES       | 50                   | 171              |       | 18,960.35           |       | 110.88    | .015      |     | 379.21 |    | 1.62       |
| SPACE MAINTAINERS          | 0                    | 0                |       | .00                 |       | .00       | .000      |     | .00    |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                    | 0                |       | .00                 |       | .00       | .000      |     | .00    |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                    | 0                |       | .00                 |       | .00       | .000      |     | .00    |    | .00        |
| ORTHODONTIC SERVICES       | 8                    | 9                |       | 525.00              |       | 58.33     | .001      |     | 65.63  |    | .04        |
| ALL OTHER SERVICES         | 16                   | 12               |       | .00                 |       | .00       | .001      |     | .00    |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ID EXPENDITU     | RES 1 | MONTH-OF-PAYMENT RI | EPOR' | r for Jan | 2004 THRU | DEC | 2004   | PF | AGE 10,638 |
| MOP024                     | FEE-FOR-SERVICE/DENT | 'AL              |       |                     |       |           |           |     |        |    | 03/14/05   |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

| SACRAMENTO COUNTY            | SUMMARI OF SER | VICES FOR PUBLIC | ASSIS | STANCE - BLIND |              |      |    |          | ~- |          |
|------------------------------|----------------|------------------|-------|----------------|--------------|------|----|----------|----|----------|
| 44 506                       |                |                  |       |                | <br>         | MO   |    |          | GE |          |
| 11,706 ELIGIBLES             | USERS          | UNITS OF SERVICE |       | EXPENDITURES   | ERAGE COST   |      | 3  | COST PER |    | COST PER |
|                              |                | OR DAYS OF CARE  |       |                | R UNIT/DAY   |      |    | USER     |    | ELIGIBLE |
| @OPTOMETRIST                 | 144            | 399              | \$    | 9,644.72       | \$           | .034 | \$ | 66.98    | \$ |          |
| DIAGNOSTIC AND ANC. PROCED   | 63             | 64               |       | 2,459.82       | 38.43        | .005 |    | 39.04    |    | .21      |
| EYE APPLIANCES               | 108            | 317              |       | 6,680.80       | 21.08        | .027 |    | 61.86    |    | .57      |
| OTHER OPTOMETRIC SERVICES    | 8              | 18               |       | 504.10         | 28.01        | .002 |    | 63.01    |    | .04      |
| @CHIROPRACTOR                | 18             | 28               | \$    | 468.16         | \$<br>16.72  | .002 | \$ | 26.01    | \$ | .04      |
| VISITS                       | 17             | 27               |       | 451.44         | 16.72        | .002 |    | 26.56    |    | .04      |
| OTHER SERVICES               | 1              | 1                |       | 16.72          | 16.72        | .000 |    | 16.72    |    | .00      |
| @PODIATRIST                  | 210            | 323              | \$    | 5,084.36       | \$<br>15.74  | .028 | \$ | 24.21    | \$ | .43      |
| MEDICINE/INJECTIONS          | 52             | 55               |       | 1,643.80       | 29.89        | .005 |    | 31.61    |    | .14      |
| SURGERY/ANES.                | 6              | 10               |       | 181.06         | 18.11        | .001 |    | 30.18    |    | .02      |
| RADIO./PATHOLOGY             | 2              | 2                |       | 34.60          | 17.30        | .000 |    | 17.30    |    | .00      |
| OTHER                        | 160            | 256              |       | 3,224.90       | 12.60        | .022 |    | 20.16    |    | .28      |
| @HOME HEALTH AGENCY          | 135            | 7 <b>,</b> 936   | \$    | 250,973.40     | \$<br>31.62  | .678 | \$ | 1859.06  | \$ | 21.44    |
| NURSE ANESTHESIST            | 7              | 60               | \$    | 174.99         | \$<br>2.92   | .005 | \$ | 25.00    | \$ | .01      |
| NURSE MIDWIFE                | 0              | 0                | \$    | .00            | \$<br>.00    | .000 | \$ | .00      | \$ | .00      |
| PEDIATRIC NURSE PRACTITIONER | . 0            | 0                | \$    | .00            | \$<br>.00    | .000 | \$ | .00      | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 4              | 10               | \$    | 182.49         | \$<br>18.25  | .001 | \$ | 45.62    | \$ | .02      |
| @TOTAL HOSPITAL              | 1,312          | 9,511            | \$    | 1,358,621.72   | \$<br>142.85 | .812 | \$ | 1035.53  | \$ | 116.06   |
| HOSP INPATIENT TOTAL         | 159            | 871              |       | 1,056,894.13   | 1213.43      | .074 |    | 6647.13  |    | 90.29    |
| HSC HOSPITALS                | 129            | 826              |       | 1,007,980.97   | 1220.32      | .071 |    | 7813.81  |    | 86.11    |
| NON-HSC HOSPITAL TOTAL       | 4              | 45               |       | 24,114.56      | 535.88       | .004 |    | 6028.64  |    | 2.06     |
| ACCOMMODATIONS               | 4              | 45               |       | 12,323.63      | 273.86       | .004 |    | 3080.91  |    | 1.05     |
| ADMINISTRATIVE DAYS          | 0              | 0                |       | .00            | .00          | .000 |    | .00      |    | .00      |
| TRANSITIONAL IP CARE         | 0              | 0                |       | .00            | .00          | .000 |    | .00      |    | .00      |
| ALL OTHER ACCOM              | 4              | 45               |       | 12,323.63      | 273.86       | .004 |    | 3080.91  |    | 1.05     |
| ANCILLARIES                  | 4              | 0                |       | 11,790.93      | .00          | .000 |    | 2947.73  |    | 1.01     |
| INPATIENT CROSSOVERS         | 29             | 0                |       | 24,798.60      | .00          | .000 |    | 855.12   |    | 2.12     |
| ALL OTHER INPATIENT          | 0              | 0                |       | .00            | .00          | .000 |    | .00      |    | .00      |
| HOSP OUTPATIENT TOTAL        | 1,207          | 8,640            |       | 301,727.59     | 34.92        | .738 |    | 249.98   |    | 25.78    |
| MEDICAL                      | 196            | 285              |       | 9,316.66       | 32.69        | .024 |    | 47.53    |    | .80      |
| SURGERY                      | 76             | 84               |       | 6,156.41       | 73.29        | .007 |    | 81.01    |    | .53      |
| PATHOLOGY                    | 363            | 2,319            |       | 18,899.27      | 8.15         | .198 |    | 52.06    |    | 1.61     |

| DADTOLOGY                   | 220                      | 206         | 2           | 7 500 10  |        | 04 27   | 000       | 105 01      |      | 2.25    |
|-----------------------------|--------------------------|-------------|-------------|-----------|--------|---------|-----------|-------------|------|---------|
| RADIOLOGY                   | 220                      | 326         |             | 7,503.13  |        | 84.37   | .028      | 125.01      |      | 2.35    |
| ROOM USE                    | 641                      | 1,015       |             | 0,066.15  |        | 39.47   | .087      | 62.51       |      | 3.42    |
| CROSSOVERS/ALL OTH OUTPTNT  | 589                      | 4,611       |             | 9,785.97  |        | 43.33   | .394      | 339.20      |      | 17.07   |
| @COUNTY HOSPITAL TOTAL      | 3                        | 63 \$       |             | 8,742.15  | \$     | 614.95  | .005      | \$ 12914.05 | \$   | 3.31    |
| CO HOSPITAL INPATIENT TOTAL | 1                        | 52          | 3           | 8,601.54  |        | 742.34  | .004      | 38601.54    |      | 3.30    |
| HSC HOSPITALS               | 1                        | 30          | 3           | 3,000.00  |        | 1100.00 | .003      | 33000.00    |      | 2.82    |
| NON-HSC HOSPITALS TOTAL     | 1                        | 22          |             | 5,601.54  |        | 254.62  | .002      | 5601.54     |      | .48     |
| ACCOMMODATIONS              | 1                        | 22          |             | 5,088.60  |        | 231.30  | .002      | 5088.60     |      | .43     |
| ADMINISTRATIVE DAYS         | 0                        | 0           |             | .00       |        | .00     | .000      | .00         |      | .00     |
| TRANSITIONAL IP CARE        | 0                        | 0           |             | .00       |        | .00     | .000      | .00         |      | .00     |
| ALL OTHER ACCOM             | 1                        | 22          |             | 5,088.60  |        | 231.30  | .002      | 5088.60     |      | .43     |
| ANCILLARIES                 | 1                        | 0           |             | 512.94    |        | .00     | .000      | 512.94      |      | .04     |
| INPATIENT CROSSOVERS        | 0                        | 0           |             | .00       |        | .00     | .000      | .00         |      | .00     |
| ALL OTHER INPATIENT         | 0                        | 0           |             | .00       |        | .00     | .000      | .00         |      | .00     |
| CO HOSP OUTPATIENT TOTAL    | 2                        | 11          |             | 140.61    |        | 12.78   | .001      | 70.31       |      | .01     |
| MEDICAL                     | 1                        | 1           |             | 8.44      |        | 8.44    | .000      | 8.44        |      | .00     |
| SURGERY                     | 0                        | 0           |             | .00       |        | .00     | .000      | .00         |      | .00     |
| PATHOLOGY                   | 1                        | 5           |             | 47.28     |        | 9.46    | .000      | 47.28       |      | .00     |
| RADIOLOGY                   | 0                        | 0           |             | .00       |        | .00     | .000      | .00         |      | .00     |
| ROOM USE                    | 1                        | 1           |             | 52.23     |        | 52.23   | .000      | 52.23       |      | .00     |
| CROSSOVERS/ALL OTH OUTPINT  | 2                        | 4           |             | 32.66     |        | 8.17    | .000      | 16.33       |      | .00     |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | KPENDITURES | MONTH-OF-   | PAYMENT F | REPORT | FOR JAN | 2004 THRU | DEC 2004    | PAGI | 10,639  |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |             |             |           |        |         |           |             | (    | 3/14/05 |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | PUBLIC AS   | SSISTANCE - | BLIND     |        |         |           |             |      |         |
|                             |                          |             |             |           |        |         |           |             |      |         |

----- MONTHLY AVERAGE -----

|                             |       |                  |                    |              |            | MIIIDI AVEIKA | 1011 |          |
|-----------------------------|-------|------------------|--------------------|--------------|------------|---------------|------|----------|
| 11,706 ELIGIBLES            | USERS | UNITS OF SERVICE | EXPENDITURES       | AVERAGE COST | UNITS/DAYS | S COST PER    |      | COST PER |
|                             |       | OR DAYS OF CARE  |                    | PER UNIT/DAY | PER ELIG   | USER          |      | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 1,311 | 9,448            | \$<br>1,319,879.57 | \$ 139.70    | .807       | \$ 1006.77    | \$   | 112.75   |
| COMM HOSP INPATIENT TOTAL   | 158   | 819              | 1,018,292.59       | 1243.34      | .070       | 6444.89       |      | 86.99    |
| HSC HOSPITALS               | 128   | 796              | 974,980.97         | 1224.85      | .068       | 7617.04       |      | 83.29    |
| NON-HSC HOSPITALS TOTAL     | 3     | 23               | 18,513.02          | 804.91       | .002       | 6171.01       |      | 1.58     |
| ACCOMMODATIONS              | 3     | 23               | 7,235.03           | 314.57       | .002       | 2411.68       |      | .62      |
| ADMINISTRATIVE DAYS         | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| TRANSITIONAL IP CARE        | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| ALL OTHER ACCOM             | 3     | 23               | 7,235.03           | 314.57       | .002       | 2411.68       |      | .62      |
| ANCILLARIES                 | 3     | 0                | 11,277.99          | .00          | .000       | 3759.33       |      | .96      |
| INPATIENT CROSSOVERS        | 29    | 0                | 24,798.60          | .00          | .000       | 855.12        |      | 2.12     |
| ALL OTHER INPATIENT         | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 1,207 | 8 <b>,</b> 629   | 301,586.98         | 34.95        | .737       | 249.86        |      | 25.76    |
| MEDICAL                     | 195   | 284              | 9,308.22           | 32.78        | .024       | 47.73         |      | .80      |
| SURGERY                     | 76    | 84               | 6,156.41           | 73.29        | .007       | 81.01         |      | .53      |
| PATHOLOGY                   | 363   | 2,314            | 18,851.99          | 8.15         | .198       | 51.93         |      | 1.61     |
| RADIOLOGY                   | 220   | 326              | 27,503.13          | 84.37        | .028       | 125.01        |      | 2.35     |
| ROOM USE                    | 640   | 1,014            | 40,013.92          | 39.46        | .087       | 62.52         |      | 3.42     |
| CROSSOVERS/ALL OTH OUTPINT  | 587   | 4,607            | 199,753.31         | 43.36        | .394       | 340.30        |      | 17.06    |
| @STATE HOSPITAL             | 1     | 226              | \$<br>154,385.67   | \$ 683.12    | .019       | \$154385.67   | \$   | 13.19    |
| MENTALLY ILL                | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| DEVELOP. DISABLED           | 1     | 226              | 154,385.67         | 683.12       | .019       | 154385.67     |      | 13.19    |
| @NURSING FACILITY           | 114   | 2 <b>,</b> 667   | \$<br>410,187.46   | \$ 153.80    | .228       | \$ 3598.14    | \$   | 35.04    |
| LEV A-INTERMEDIATE          | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| LEV B-REHAB MD              | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| LEV B-SUBACUTE HSPTL BASED  | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| LEV B-TRANSITIONAL IP CARE  | 0     | 0                | .00                | .00          | .000       | .00           |      | .00      |
| LEV B-REGULAR               | 114   | 2,667            | 410,187.46         | 153.80       | .228       | 3598.14       |      | 35.04    |
| @INTERMEDIATE CARE FACILDD  | 0     | 0                | \$<br>.00          | \$ .00       | .000       | \$ .00        | \$   | .00      |

| ICF DD   |
|--|
| ### OFFITAL BASED  9 149 28,810.52 193.36 0.013 3201.7 2.46  #### HEMODIALYSIS CENTER  272 12,536 421,004.41 33.58 1.071 1547.81 35.96  ###################################  |
| HOSPITAL BASED HEMODIALYSIS CENTER 272 12,536 421,004.41 33.58 1.071 1547.81 35.96 REHABILITATION FACILITY 108 714 \$14,255.44 \$19.97 .061 \$131.99 \$1.22 HOSPITAL BASED HOSPITAL BASED 10 16 740.36 146.77 .001 74.04 .06 INDEPENDENT FACILITY 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 98 698 13,515.08 19.36 .060 137.91 1.15 RELABORATORY FACILITY 98 8.165 8.165 8.168 8.168 8.165 8.168 8.165 8.168 8.165 8.168 8.168 8.165 8.168 8.168 8.165 8.168 8.165 8.168 8.168 8.165 8.168 8.168 8.165 8.168 8.168 8.165 8.168 8.168 8.165 8.168 8.168 8.168 8.165 8.168 8.168 8.165 8.168 8.168 8.165 8.168 8.168 8.168 8.168 8.168 8.168 8.168 8.168 8.168 8.168 8.168 8.169 8.168 8.168 8.168 8.168 8.168 8.168 8 |
| HEMODIALYSIS CENTER 272 12,536 421,004.41 33.58 1.071 1547.81 35.96  @REHABILITATION FACILITY 108 714 \$ 14,255.44 \$ 19.97 .061 \$ 131.99 \$ 1.22  HOSPITAL BASED 10 16 740.36 46.27 .001 74.04 .06  INDEPENDENT FACILITY 98 698 13,515.08 19.36 .060 137.91 1.15  @LABORATORY FACILITY 472 1,927 \$ 20,963.42 \$ 10.88 1.165 \$ 44.41 \$ 1.79  PATHOLOGY 469 1,916 20,910.61 10.91 .164 44.59 1.79  XO AND OTHERS 3 11 52.81 4.80 .001 17.60 .00  @ORGANIZED OUTPATIENT CLINIC 182 586 \$ 37,060.06 \$ 63.24 .050 \$ 203.63 \$ 3.17  CLINIC 510 113 415 24,077.92 58.02 .035 213.08 2.06  SURGICENTER 26 116 4,799.12 41.37 .010 184.58 .41  HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00  RURAL HEALTH CLINIC 44 55 8,183.02 148.78 .005 185.98 .70  #CALIF DEPT OF HEALTH SERV MOPD 44 SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640  MOPO 24 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND  |
| GREHABILITATION FACILITY         108         714         \$ 14,255.44         \$ 19.97         .061         \$ 131.99         \$ 1.22           HOSPITAL BASED         10         16         740.36         46.27         .001         74.04         .06           INDEPENDENT FACILITY         98         698         13,515.08         19.36         .060         137.91         1.15           GLABORATORY FACILITY         472         1,927         \$ 20,963.42         \$ 10.88         .165         \$ 44.41         \$ 1.79           PATHOLOGY         469         1,916         20,910.61         10.91         .164         44.59         1.79           XO AND OTHERS         3         11         52.81         4.80         .001         17.60         .00           GORGANIZED OUTPATIENT CLINIC         182         586         \$ 37,060.06         \$ 63.24         .050         \$ 203.63         \$ 3.17           CLINIC         113         415         24,077.92         58.02         .035         213.08         2.06           SURGICENTER         26         116         4,799.12         41.37         .010         184.58         .41           HEROIN DETOX CLINIC         0         0         .00         .00<   |
| HOSPITAL BASED 10 16 740.36 46.27 .001 74.04 .06 INDEPENDENT FACILITY 98 698 13,515.08 19.36 .060 137.91 1.15 @LABORATORY FACILITY 472 1,927 \$ 20,963.42 \$ 10.88 .165 \$ 44.41 \$ 1.79 PATHOLOGY 469 1,916 20,910.61 10.91 .164 44.59 1.79 XO AND OTHERS 3 11 52.81 4.80 .001 17.60 .00 @ORGANIZED OUTPATIENT CLINIC 182 586 \$ 37,060.06 \$ 63.24 .050 \$ 203.63 \$ 3.17 CLINIC 113 415 24,077.92 58.02 .035 213.08 2.06 SURGICENTER 26 116 4,799.12 41.37 .010 184.58 .41 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 44 55 8,183.02 148.78 .005 185.98 .70 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640 MOPO24 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND   |
| INDEPENDENT FACILITY 98 698 13,515.08 19.36 .060 137.91 1.15  @LABORATORY FACILITY 472 1,927 \$ 20,963.42 \$ 10.88 .165 \$ 44.41 \$ 1.79  PATHOLOGY 469 1,916 20,910.61 10.91 .164 44.59 1.79  XO AND OTHERS 3 11 52.81 4.80 .001 17.60 .00  @ORGANIZED OUTPATIENT CLINIC 182 586 \$ 37,060.06 \$ 63.24 .050 \$ 203.63 \$ 3.17  CLINIC 113 415 24,077.92 58.02 .035 213.08 2.06  SURGICENTER 26 116 4,799.12 41.37 .010 184.58 .41  HEROIN DETOX CLINIC 0 0 0 .00 .00 .000 .000 .000  RURAL HEALTH CLINIC 44 55 8,183.02 148.78 .005 185.98 .70  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640  MOPO24 FEE-FOR-SERVICE/DENTAL  SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND  |
| @LABORATORY FACILITY       472       1,927 \$ 20,963.42 \$ 10.88 .165 \$ 44.41 \$ 1.79 PATHOLOGY       469       1,916       20,910.61 10.91 .164 44.59 1.79 .179 .179 .179 .179 .179 .179 .17   |
| PATHOLOGY 469 1,916 20,910.61 10.91 .164 44.59 1.79 XO AND OTHERS 3 11 52.81 4.80 .001 17.60 .00   @ORGANIZED OUTPATIENT CLINIC 182 586 \$ 37,060.06 \$ 63.24 .050 \$ 203.63 \$ 3.17   CLINIC 113 415 24,077.92 58.02 .035 213.08 2.06   SURGICENTER 26 116 4,799.12 41.37 .010 184.58 .41   HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00   RURAL HEALTH CLINIC 44 55 8,183.02 148.78 .005 185.98 .70   #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND  |
| XO AND OTHERS       3       11       52.81       4.80       .001       17.60       .00         @ORGANIZED OUTPATIENT CLINIC       182       586       \$ 37,060.06       \$ 63.24       .050       \$ 203.63       \$ 3.17         CLINIC       113       415       24,077.92       58.02       .035       213.08       2.06         SURGICENTER       26       116       4,799.12       41.37       .010       184.58       .41         HEROIN DETOX CLINIC       0       0       .00   |
| GORGANIZED OUTFATIENT CLINIC         182         586 \$ 37,060.06 \$ 63.24 .050 \$ 203.63 \$ 3.17           CLINIC         113         415         24,077.92 58.02 .035 213.08 2.06           SURGICENTER         26         116 4,799.12 41.37 .010 184.58 .41           HEROIN DETOX CLINIC         0         0         .00 .00 .00 .00 .00 .00         .00 .00           RURAL HEALTH CLINIC         44         55 8,183.02 148.78 .005 185.98         .70           #CALIF DEPT OF HEALTH SERV MOPO24         MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640         PAGE 10,640           MOP024 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY         SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND         BLIND  |
| CLINIC 113 415 24,077.92 58.02 .035 213.08 2.06 SURGICENTER 26 116 4,799.12 41.37 .010 184.58 .41 HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 44 55 8,183.02 148.78 .005 185.98 .70 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND   |
| SURGICENTER       26       116       4,799.12       41.37       .010       184.58       .41         HEROIN DETOX CLINIC       0       0       .00  |
| HEROIN DETOX CLINIC       0       0       .00  |
| RURAL HEALTH CLINIC 44 55 8,183.02 148.78 .005 185.98 .70 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640 MOP024 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND   |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,640 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND  |
| MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05<br>SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND  |
| SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND  |
|  |
|  |
| MONTHLY AVERAGE  |
| 11,706 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER   |
| OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE  |
| @ALL OTHER PROVIDERS         2,355         522,204         \$ 1,033,859.22         \$ 1.98         44.610         \$ 439.01         \$ 88.32   |
| DURABLE MED. EQUIP. 213 618 102,463.99 165.80 .053 481.05 8.75   |
| BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 .00   |
| HEARING AID DISPENSERS 13 19 2,294.80 120.78 .002 176.52 .20   |
| MEDICAL TRANSPORTATION 503 56,296 213,608.47 3.79 4.809 424.67 18.25   |
| AMBULANCES/AIR TRANS 193 1,243 25,056.24 20.16 .106 129.83 2.14  |
| OTHER TRANS 315 54,807 187,944.90 3.43 4.682 596.65 16.06  |
| OTHER SERVICES 31 246 607.33 2.47 .021 19.59 .05   |
| ACUPUNCTURE 67 158 2,757.33 17.45 .013 41.15 .24   |

| ADULT DAY HEALTH CARE CTR      | 126   | 1,957            | 133,063.93       | 67.99       | .167   | 1056.06    | 11.37       |
|--------------------------------|-------|------------------|------------------|-------------|--------|------------|-------------|
| GENETIC DISEASE TESTING        | 3     | 3                | 315.00           | 105.00      | .000   | 105.00     | .03         |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 142   | 6,820            | 179,130.48       | 26.27       | .583   | 1261.48    | 15.30       |
| OCCUPATIONAL THERAPIST         | 6     | 103              | 563.97           | 5.48        | .009   | 94.00      | .05         |
| OPTICIAN                       | 175   | 415              | 9,910.69         | 23.88       | .035   | 56.63      | .85         |
| PHYSICAL THERAPIST             | 8     | 48               | 656.83           | 13.68       | .004   | 82.10      | .06         |
| PORTABLE X-RAY                 | 5     | 13               | 364.23           | 28.02       | .001   | 72.85      | .03         |
| PROSTHETIST/ORTHOTISTS         | 31    | 143              | 16,737.60        | 117.05      | .012   | 539.92     | 1.43        |
| PROSTHETICS                    | 31    | 143              | 16,737.60        | 117.05      | .012   | 539.92     | 1.43        |
| ORTHOTICS                      | 0     | 0                | .00              | .00         | .000   | .00        | .00         |
| PSYCHOLOGIST                   | 2     | 6                | 109.50           | 18.25       | .001   | 54.75      | .01         |
| SPEECH AND AUDIOLOGY           | 85    | 341              | 20,064.23        | 58.84       | .029   | 236.05     | 1.71        |
| HOSPICE SERVICES               | 11    | 330              | 45,278.05        | 137.21      | .028   | 4116.19    | 3.87        |
| NONINST BIRTHING CENTERS       | 0     | 0                | .00              | .00         | .000   | .00        | .00         |
| LOCAL EDUCATION AGENCIES       | 512   | 54 <b>,</b> 393  | 176,291.25       | 3.24        | 4.647  | 344.32     | 15.06       |
| EPSDT SUPPLEMENTAL SERVICE     | 10    | 1,046            | 30,762.86        | 29.41       | .089   | 3076.29    | 2.63        |
| RESPIRATORY CARE PRACT.        | 0     | 0                | .00              | .00         | .000   | .00        | .00         |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00              | .00         | .000   | .00        | .00         |
| ALL OTHER PROVIDERS            | 825   | 399 <b>,</b> 495 | 99,486.01        | .25         | 34.127 | 120.59     | 8.50        |
| @CALIF. CHILDREN SERVICES*     | 391   | 28,311           | \$<br>619,316.20 | \$<br>21.88 | 2.419  | \$ 1583.93 | \$<br>52.91 |
| @XOVER EXCLUDING STATE HOSP**  | 1,682 | 19,595           | \$<br>322,015.46 | \$<br>16.43 | 1.674  | \$ 191.45  | \$<br>27.51 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,641
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

---- MONTHLY AVERAGE

433,491 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 360,935 @TOTAL, ALL PROVIDERS 15,793,811 234,451,093.64 14.84 36.434 \$ 649.57 \$ 540.84 440,555 @PHYSICIANS SERVICES 130,524 15,978,817.66 36.27 1.016 \$ 122.42 \$ 36.86 49.76 OUTPATIENT VISITS 80,359 115,624 3,998,939.97 34.59 .267 9.22 OFFICE VISITS 63,204 87,490 2,650,577.98 30.30 .202 41.94 6.11 239 181 8,928.45 37.36 .001 49.33 .02 HOME VISITS EMERGENCY ROOM 12,822 15,783 1,008,914.66 63.92 .036 78.69 2.33 PREVENTIVE CARE 9 9 446.92 49.66 .000 49.66 .00 360 51.87 .002 121.89 OB VISITS/COMPRE PERI 846 43,881.00 .10 8,980 11,257 286,190.96 25.42 .026 31.87 OTHER OUTPATIENT .66 INPATIENT VISITS 6,804 36,996 1,903,234.23 51.44 .085 279.72 4.39 5,617 31,447 42.30 236.84 HOSPITAL VISITS 1,330,328.43 .073 3.07 CRITICAL CARE 689 3,449 146.85 .008 735.10 506,486.68 1.17 SNF/ICF/TRANS IP CARE 1,164 2,100 66,419.12 31.63 .005 57.06 .15 37.96 48.26 2,142 2,723 103,371.01 .006 .24 OPHTHALMOLOGICAL SERVICES EXAMINATIONS 1,943 2,521 99,261.50 39.37 .006 51.09 .23 202 202 4,109.51 20.34 .000 20.34 .01 SERVICES AND MATERIALS 2,847 17,563 89.27 550.72 INPATIENT HOSPITAL SURGERY 1,567,886.04 .041 3.62 3,438 1,181,290.33 343.60 .008 558.00 2.73 PRINCIPAL SURGEON 2,117 261 294 241.62 ASSISTANT SURGEON 63,062.12 214.50 .001 .15 23.39 ANESTHESIOLOGIST 1,136 13,831 .032 284.80 .75 323,533.59 15,517 OUTPATIENT SURGERY 6,784 1,402,851.73 90.41 .036 206.79 3.24 7,380 1,163,381.11 157.64 202.86 PRINCIPAL SURGEON 5,735 .017 2.68 51 51 163.26 .000 163.26 .02 ASSISTANT SURGEON 8,326.11 28.59 157.35 ANESTHESIOLOGIST 1,469 8,086 231,144.51 .019 .53 881 282,938.32 3,495 80.96 .008 321.16 .65 DIALYSIS PATHOLOGY 10,944 23,122 297,957.12 12.89 .053 27.23 .69

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DA DIOLOGY                 | 24 640                | E1 147          |       | 2 472 542 60       |       | 40.26          | 110       |     | 100 20          |    | г 71        |
|----------------------------|-----------------------|-----------------|-------|--------------------|-------|----------------|-----------|-----|-----------------|----|-------------|
| RADIOLOGY                  | 24 <b>,</b> 640<br>58 | 51,147<br>71    |       | 2,473,543.60       |       | 48.36<br>43.31 | .118      |     | 100.39<br>53.01 |    | 5.71<br>.01 |
| PSYCHIATRY                 |                       | · <del>-</del>  |       | 3,074.68           |       |                |           |     |                 |    |             |
| IMMUNIZATION AND INJECTION | 4,100                 | 27,813          |       | 868,622.90         |       | 31.23          | .064      |     | 211.86          |    | 2.00        |
| OTHER SERVICES/ALL X-OVERS | 48,788                | 146,484         | _     | 3,076,398.06       | _     | 21.00          | .338      | _   | 63.06           | _  | 7.10        |
| @PHARMACY                  | 280,071               | 6,857,961       | \$    | 117,971,215.89     | \$    | 17.20          | 15.820    | Ş   | 421.22          | Ş  | 272.14      |
| PRESCRIPTION DRUGS         | 275 <b>,</b> 844      | 1,317,544       |       | 110,304,227.79     |       | 83.72          | 3.039     |     | 399.88          |    | 254.46      |
| SNF/ICF                    | 6,341                 | 42 <b>,</b> 883 |       | 3,636,381.30       |       | 84.80          | .099      |     | 573.47          |    | 8.39        |
| OUTPATIENTS                | 271 <b>,</b> 439      | 1,274,661       |       | 106,667,846.49     |       | 83.68          | 2.940     |     | 392.97          |    | 246.07      |
| MEDICAL SUPPLIES           | 29,148                | 5,540,417       |       | 7,666,988.10       |       | 1.38           | 12.781    |     | 263.04          |    | 17.69       |
| @DENTIST                   | 24,198                | 114,339         | \$    | 4,148,006.96       | \$    | 36.28          | .264      | \$  | 171.42          | \$ | 9.57        |
| VISITS - DIAGNOSTIC        | 15 <b>,</b> 973       | 73,733          |       | 872,423.10         |       | 11.83          | .170      |     | 54.62           |    | 2.01        |
| ORAL SURGERY               | 4,498                 | 11,328          |       | 582,768.58         |       | 51.44          | .026      |     | 129.56          |    | 1.34        |
| DRUGS                      | 30                    | 31              |       | 480.00             |       | 15.48          | .000      |     | 16.00           |    | .00         |
| ANESTHESIA                 | 37                    | 40              |       | 3,200.00           |       | 80.00          | .000      |     | 86.49           |    | .01         |
| PERIODONTICS               | 1,639                 | 1,804           |       | 197,098.10         |       | 109.26         | .004      |     | 120.26          |    | .45         |
| ENDODONTICS                | 1,421                 | 2,060           |       | 467,826.10         |       | 227.10         | .005      |     | 329.22          |    | 1.08        |
| RESTORATIVE DENTISTRY      | 6 <b>,</b> 355        | 14,992          |       | 995,417.20         |       | 66.40          | .035      |     | 156.64          |    | 2.30        |
| PROSTHETICS                | 313                   | 330             |       | 10,400.50          |       | 31.52          | .001      |     | 33.23           |    | .02         |
| DENTURES, STAYPLATES       | 2,980                 | 9,164           |       | 1,005,406.20       |       | 109.71         | .021      |     | 337.38          |    | 2.32        |
| SPACE MAINTAINERS          | 9                     | 10              |       | 1,000.00           |       | 100.00         | .000      |     | 111.11          |    | .00         |
| MAXILLOFACIAL SERVICES     | 10                    | 11              |       | 912.18             |       | 82.93          | .000      |     | 91.22           |    | .00         |
| FRACTURES, DISLOCATIONS    | 1                     | 1               |       | 140.00             |       | 140.00         | .000      |     | 140.00          |    | .00         |
| ORTHODONTIC SERVICES       | 134                   | 152             |       | 9,910.00           |       | 65.20          | .000      |     | 73.96           |    | .02         |
| ALL OTHER SERVICES         | 542                   | 683             |       | 1,025.00           |       | 1.50           | .002      |     | 1.89            |    | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES     | AND EXPENDITU   | RES M | ONTH-OF-PAYMENT RE | EPORT | FOR JAN        | 2004 THRU | DEC | 2004            | P. | AGE 10,642  |
| MOP024                     | FEE-FOR-SERVICE/DE    | ENTAL           |       |                    |       |                |           |     |                 |    | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICE    |                 | ASSI  | STANCE - DISABLED  |       |                |           |     |                 |    | , -, -,     |
|                            |                       |                 |       |                    |       |                |           |     |                 |    |             |

| SACRAMENTO COUNTI            | SUMMARI OF SER | VICES FOR PUBLIC | ASSI | STANCE - DISABLED   |              |         | <br>          | <b>~</b> = |          |
|------------------------------|----------------|------------------|------|---------------------|--------------|---------|---------------|------------|----------|
| 400 401                      |                |                  | _    |                     | <br>         | M       |               | -          |          |
| 433,491 ELIGIBLES            | USERS          | UNITS OF SERVIC  |      | EXPENDITURES        | ERAGE COST   |         | COST PER      |            | COST PER |
|                              |                | OR DAYS OF CAR   |      |                     | R UNIT/DAY   | _       | USER          |            | ELIGIBLE |
| @OPTOMETRIST                 | 9,289          | 28 <b>,</b> 952  | \$   | 608,163.52          | \$<br>21.01  | .067    | \$<br>65.47   | \$         | 1.40     |
| DIAGNOSTIC AND ANC. PROCED   | 4,996          | 5,443            |      | 215,676.68          | 39.62        | .013    | 43.17         |            | .50      |
| EYE APPLIANCES               | 7,616          | 22 <b>,</b> 915  |      | 376 <b>,</b> 179.72 | 16.42        | .053    | 49.39         |            | .87      |
| OTHER OPTOMETRIC SERVICES    | 468            | 594              |      |                     |              | .001    | 34.84         |            | .04      |
| @CHIROPRACTOR                | 775            | 1,499            | \$   | 24,772.53           | \$<br>16.53  | .003    | \$<br>31.96   | \$         | .06      |
| VISITS                       | 758            | 1,466            |      | 24,340.72           | 16.60        | .003    | 32.11         |            | .06      |
| OTHER SERVICES               | 17             | 33               |      | 431.81              | 13.09        | .000    | 25.40         |            | .00      |
| @PODIATRIST                  | 5 <b>,</b> 317 | 8,698            | \$   | 152,580.22          | \$<br>17.54  | .020    | \$<br>28.70   | \$         | .35      |
| MEDICINE/INJECTIONS          | 2,184          | 2,427            |      | 70,532.97           | 29.06        | .006    | 32.30         |            | .16      |
| SURGERY/ANES.                | 170            | 268              |      | 10,824.44           | 40.39        | .001    | 63.67         |            | .02      |
| RADIO./PATHOLOGY             | 147            | 195              |      | 3,400.33            | 17.44        | .000    | 23.13         |            | .01      |
| OTHER                        | 3,117          | 5,808            |      | 67,822.48           | 11.68        | .013    | 21.76         |            | .16      |
| @HOME HEALTH AGENCY          | 2,377          | 130,194          | \$   | 4,627,892.48        | \$<br>35.55  | .300    | \$<br>1946.95 | \$         | 10.68    |
| NURSE ANESTHESIST            | 126            | 1,183            | \$   | 4,283.34            | \$<br>3.62   | .003    | \$<br>33.99   | \$         | .01      |
| NURSE MIDWIFE                | 6              | 40               | \$   | 1,729.75            | \$<br>43.24  | .000    | \$<br>288.29  | \$         | .00      |
| PEDIATRIC NURSE PRACTITIONER | . 16           | 17               | \$   | 499.79              | \$<br>29.40  | .000    | \$<br>31.24   | \$         | .00      |
| FAMILY NURSE PRACTITIONER    | 929            | 2,458            | \$   | 55,643.49           | \$<br>22.64  | .006    | \$<br>59.90   | \$         | .13      |
| @TOTAL HOSPITAL              | 49,456         | 359,932          | \$   | 48,282,780.06       | \$<br>134.14 | .830    | \$<br>976.28  | \$         | 111.38   |
| HOSP INPATIENT TOTAL         | 6,001          | 32,332           |      | 40,395,938.32       | 1249.41      | .075    | 6731.53       |            | 93.19    |
| HSC HOSPITALS                | 4,705          | 28,594           |      | 36,044,033.58       | 1260.55      | .066    | 7660.79       |            | 83.15    |
| NON-HSC HOSPITAL TOTAL       | 463            | 3,738            |      | 3,380,164.22        | 904.27       | .009    | 7300.57       |            | 7.80     |
| ACCOMMODATIONS               | 461            | 3,738            |      | 1,577,552.92        | 422.03       | .009    | 3422.02       |            | 3.64     |
| ADMINISTRATIVE DAYS          | 18             | 202              |      | 41,727.35           | 206.57       | .000    | 2318.19       |            | .10      |
| TRANSITIONAL IP CARE         | 0              | 0                |      | .00                 | .00          | .000    | .00           |            | .00      |
| ALL OTHER ACCOM              | 443            | 3,536            |      | 1,535,825.57        | 434.34       | .008    | 3466.87       |            | 3.54     |
| ANCILLARIES                  | 456            | 0                |      | 1,802,611.30        | .00          | .000    | 3953.09       |            | 4.16     |
|                              | 100            | Ğ                |      | _, ==, ===.         | • • •        | • • • • | 2223.03       |            | 1.10     |

| INPATIENT CROSSOVERS   | 1,014  | 0   | 971,740.52  | .00   | .000   | 958.32  | 2.24  |
|--|--|---|---|---|--|---|---|
| ALL OTHER INPATIENT  | 0  | 0   | .00   | .00   | .000   | .00   | .00   |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL   | 45,543   | 327,600   | 7,886,841.74  | 24.07   | .756   |   |   |
| MEDICAL  | 10,257   | 327,600<br>16,766   | 710,104.31  | 24.07<br>42.35  | .039   |   | 1.64  |
| SURGERY  | 2 789  | 3 185   | 150,376.20  | 47 21   | .007   | 53.92   | .35   |
| PATHOLOGY  | 10,257<br>2,789<br>16,537  | 3,185<br>117,837  | 955,223.61  | 47.21<br>8.11<br>91.45  | .272   |   |   |
|  |  | 17,657  | 1 600 507 75  | 0.11  | .041   |   | 3.71  |
| RADIOLOGY  |  | 17,590  | 1,608,527.75  | 91.45   | .041   |   |   |
| ROOM USE   | 24,596   | 36,461<br>135,761   | 1,385,241.45  | 37.99<br>22.67  | .084   | 56.32   | 3.20  |
| CROSSOVERS/ALL OTH OUTPTNT   | 21,995   | 135,/61   | 3,077,368.42  | 22.67   | .313   |   | 7.10  |
| @COUNTY HOSPITAL TOTAL   | 309  | 1,399 \$  | 253,160.47  | \$ 180.96   |  | \$ 819.29   |   |
| @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL   | 34   | 179   | 216,547.35  | 1209.76   | .000   | 6369.04   | .50   |
| HSC HOSPITALS  | 29   | 151   | 177,408.02  | 1174.89<br>1397.83  | .000   | 6117.52   | .41   |
| NON-HSC HOSPITALS TOTAL  | 5  | 28  | 39,139.33   | 1397.83   | .000   | 7827.87   | .09   |
| ACCOMMODATIONS   | 4  | 28  | 15,180.30   | 542.15  | .000   | 3795.08   | .04   |
| ADMINISTRATIVE DAYS  | 0  | 0   | .00   | .00   | .000   | .00   | .00   |
| TRANSITIONAL TP CARE   | 0  | 0   | 0.0   | .00   | .000   | .00   | .00   |
| ALL OTHER ACCOM  | 4  | 28  | 15 180 30   | 542.15  | .000   | 3795.08   | .04   |
| ALL OTHER ACCOM  | <u>ر</u>   | 20  | 23 050 03   | .00   | .000   | 4791.81   |   |
| ANCILLARIES  | 5  | 0   | 23,959.03   | .00   | .000   | .00   | .00   |
| INPATIENT CROSSOVERS   | U  | 0   | .00   | .00   |  |   |   |
| ALL OTHER INPATIENT  | U  | 28<br>28<br>0<br>0<br>28<br>0<br>0<br>0<br>1,220  | .00   | .00<br>30.01  | .000   | .00<br>129.37   | .00   |
| CO HOSP OUTPATIENT TOTAL   | 283  | 1,220   | 36,613.12   | 30.01   | .003   | 129.37  | .08   |
| HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT  CO HOSP OUTPATIENT TOTAL  MEDICAL  SURGERY  PATHOLOGY  | 108  | 110   | 1,000.01  | 51.55   | .000   | 46.12<br>48.66  | .01   |
| SURGERY PATHOLOGY RADIOLOGY ROOM USE   | 24   | 35  | 1 1 (7 ) 1  | 33.37   | .000   | 48.66<br>71.58  | .00   |
| PATHOLOGY  | 109  | 486   | 7,801.83  | 16.05<br>105.89<br>43.61  | .001   | 71.58   | .02   |
| RADIOLOGY  | 44   | 68  | 7,200.37  | 105.89  | .000   | 163.64  | .02   |
| ROOM USE   | 168  | 219   | 9,549.55  | 43.61   | .001   | 56.84   | .02   |
| CROSSOVERS/ALL OTH OUTPTNT   | 129  | 267   | 5,912.52  | 22.14   | .001   | 45.83   | .01   |
| #CALIF DEPT OF HEALTH SERV   |  | CES AND EXPENDITURES M  |   |   |  |   |   |
|  |  |   | 01,111 01 111111111111111111111   |   |  | 220 2001  |   |
| MOPO24   | FEE-FOR-SERVICE  | Z/DENTAI.   |   |   |  |   | 03/14/05  |
| MOP024   | FEE-FOR-SERVICE  |   | CHYNCE - DICYBIED   |   |  |   | 03/14/05  |
| MOPU24<br>SACRAMENTO COUNTY  |  | E/DENTAL<br>VICES FOR PUBLIC ASSI   | STANCE - DISABLED   |   | MC   |   |   |
| SACRAMENTO COUNTY  | SUMMARY OF SERV  | VICES FOR PUBLIC ASSI   |   | NATIONAL COORT  |  | ONTHLY AVERA  | GE  |
| SACRAMENTO COUNTY  |  | VICES FOR PUBLIC ASSI UNITS OF SERVICE  | STANCE - DISABLED EXPENDITURES  | AVERAGE COST  | UNITS/DAYS   | S COST PER  | GE<br>COST PER  |
| SACRAMENTO COUNTY 433,491 ELIGIBLES  | SUMMARY OF SERV  | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE   | EXPENDITURES  | PER UNIT/DAY  | UNITS/DAYS   | S COST PER<br>USER  | GE<br>COST PER<br>ELIGIBLE  |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  | SUMMARY OF SERVUSERS   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$  | EXPENDITURES 48,029,619.59  | PER UNIT/DAY<br>\$ 133.96   | UNITS/DAYS PER ELIG .827   | S COST PER<br>USER<br>\$ 976.07   | GE COST PER ELIGIBLE \$ 110.80  |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL  | SUMMARY OF SERVUSERS   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$  | EXPENDITURES 48,029,619.59  | PER UNIT/DAY<br>\$ 133.96   | UNITS/DAYS PER ELIG .827   | S COST PER<br>USER<br>\$ 976.07<br>6729.09  | GE  COST PER ELIGIBLE \$ 110.80 92.69   |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | USERS 49,207 5,971 4,679   | UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28.443   | EXPENDITURES 48,029,619.59 40,179,390.97 35,866,625.56  | PER UNIT/DAY<br>\$ 133.96<br>1249.63<br>1261.00   | UNITS/DAYS<br>PER ELIG<br>.827<br>.074<br>.066   | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45   | COST PER<br>ELIGIBLE<br>\$ 110.80<br>92.69<br>82.74   |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | USERS 49,207 5,971 4,679   | UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28.443   | EXPENDITURES 48,029,619.59  | PER UNIT/DAY<br>\$ 133.96<br>1249.63<br>1261.00   | UNITS/DAYS<br>PER ELIG<br>.827<br>.074<br>.066   | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45   | COST PER<br>ELIGIBLE<br>\$ 110.80<br>92.69<br>82.74   |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | USERS 49,207 5,971 4,679   | UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28.443   | EXPENDITURES 48,029,619.59 40,179,390.97 35,866,625.56  | PER UNIT/DAY<br>\$ 133.96<br>1249.63<br>1261.00   | UNITS/DAYS<br>PER ELIG<br>.827<br>.074<br>.066   | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76   | COST PER<br>ELIGIBLE<br>\$ 110.80<br>92.69<br>82.74   |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | USERS 49,207 5,971 4,679   | UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28.443   | EXPENDITURES  48,029,619.59  40,179,390.97  35,866,625.56  3,341,024.89   | PER UNIT/DAY<br>\$ 133.96<br>1249.63<br>1261.00<br>900.55<br>421.12   | UNITS/DAYS<br>PER ELIG<br>.827<br>.074<br>.066<br>.009<br>.009                                 | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76   | COST PER<br>ELIGIBLE<br>\$ 110.80<br>92.69<br>82.74   |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | USERS 49,207 5,971 4,679   | UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28.443   | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35   | PER UNIT/DAY<br>\$ 133.96<br>1249.63<br>1261.00<br>900.55<br>421.12<br>206.57   | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009   | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19  | COST PER<br>ELIGIBLE<br>\$ 110.80<br>92.69<br>82.74<br>7.71<br>3.60<br>.10  |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | USERS 49,207 5,971 4,679   | UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28.443   | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35   | PER UNIT/DAY<br>\$ 133.96<br>1249.63<br>1261.00<br>900.55<br>421.12<br>206.57   | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000  | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00   | COST PER<br>ELIGIBLE<br>\$ 110.80<br>92.69<br>82.74<br>7.71<br>3.60<br>.10  |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | USERS  49,207 5,971 4,679 458 457 18 0 439   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508  | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48  | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000   | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88  | COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51  |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES  | USERS  49,207 5,971 4,679 458 457 18 0 439   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508  | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48  | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000                                    | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80   | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10  |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS   | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508  | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00  | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000                                    | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32   | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24   |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT   | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508  | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 .00  | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000                                    | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32   | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00   |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309  | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 0 326,380  | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62   | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 .00 24.05  | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000 .000 .000                          | S COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26  | GE  COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11  |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621   | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42  | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000 .000 .000                          | \$ COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44  | GE  COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63                                       |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765                                   | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150   | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26   | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 .00 24.05 42.42 47.37  | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000 .000 .000                          | \$ COST PER<br>USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96   | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34                                    |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443                            | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351                                 | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 .00 24.05 42.42 47.37 8.07                                       | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000 .000 .000                          | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62   | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19                               |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443 10,348                     | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351 17,522                          | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78 1,601,327.38   | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42 47.37 8.07 91.39                                     | UNITS/DAYS PER ELIG .827 .074 .066 .009 .000 .000 .008 .000 .000 .000 .753 .038 .007 .271 .040 | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62<br>154.75   | GE  COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19 3.69                         |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443                            | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351                                 | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 .00 24.05 42.42 47.37 8.07                                       | UNITS/DAYS PER ELIG .827 .074 .066 .009 .009 .000 .000 .000 .000 .000                          | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62   | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19                               |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443 10,348 24,452              | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351 17,522                          | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78 1,601,327.38   | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42 47.37 8.07 91.39                                     | UNITS/DAYS PER ELIG .827 .074 .066 .009 .000 .000 .008 .000 .000 .000 .753 .038 .007 .271 .040 | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62<br>154.75   | GE  COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19 3.69                         |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE   | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443 10,348 24,452              | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351 17,522 36,242                   | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78 1,601,327.38 1,375,691.90  | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42 47.37 8.07 91.39 37.96                               | UNITS/DAYS PER ELIG .827 .074 .066 .009 .000 .000 .000 .000 .000 .000                          | S COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62<br>154.75<br>56.26   | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19 3.69 3.17 7.09                |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443 10,348 24,452 21,885       | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351 17,522 36,242 135,494 518 \$    | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78 1,601,327.38 1,375,691.90 3,071,455.90 315,595.70                      | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42 47.37 8.07 91.39 37.96 22.67 \$ 609.26               | UNITS/DAYS PER ELIG .827 .074 .066 .009 .000 .000 .000 .000 .000 .000                          | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62<br>154.75<br>56.26<br>140.35<br>\$ 18564.45                         | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19 3.69 3.17 7.09 \$ .73         |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL                   | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443 10,348 24,452 21,885 17    | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351 17,522 36,242 135,494 518 \$ 31 | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78 1,601,327.38 1,375,691.90 3,071,455.90 315,595.70 14,349.35            | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42 47.37 8.07 91.39 37.96 22.67 \$ 609.26 462.88        | UNITS/DAYS PER ELIG .827 .074 .066 .009 .000 .000 .000 .000 .000 .000                          | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62<br>154.75<br>56.26<br>140.35<br>\$ 18564.45<br>14349.35             | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19 3.69 3.17 7.09 \$ .73 .03     |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443 10,348 24,452 21,885 17 16 | UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351 17,522 36,242 135,494 518 \$ 31 487              | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78 1,601,327.38 1,375,691.90 3,071,455.90 315,595.70 14,349.35 301,246.35 | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42 47.37 8.07 91.39 37.96 22.67 \$ 609.26 462.88 618.58 | UNITS/DAYS PER ELIG .827 .074 .066 .009 .000 .000 .000 .000 .000 .000                          | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62<br>154.75<br>56.26<br>140.35<br>\$ 18564.45<br>14349.35<br>18827.90 | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19 3.69 3.17 7.09 \$ .73 .03 .69 |
| SACRAMENTO COUNTY  433,491 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL                   | USERS  49,207 5,971 4,679 458 457 18 0 439 451 1,014 0 45,309 10,155 2,765 16,443 10,348 24,452 21,885 17    | VICES FOR PUBLIC ASSI  UNITS OF SERVICE OR DAYS OF CARE 358,533 \$ 32,153 28,443 3,710 3,710 202 0 3,508 0 0 326,380 16,621 3,150 117,351 17,522 36,242 135,494 518 \$ 31 | EXPENDITURES  48,029,619.59 40,179,390.97 35,866,625.56 3,341,024.89 1,562,372.62 41,727.35 .00 1,520,645.27 1,778,652.27 971,740.52 .00 7,850,228.62 705,123.40 149,208.26 947,421.78 1,601,327.38 1,375,691.90 3,071,455.90 315,595.70 14,349.35            | PER UNIT/DAY \$ 133.96 1249.63 1261.00 900.55 421.12 206.57 .00 433.48 .00 .00 24.05 42.42 47.37 8.07 91.39 37.96 22.67 \$ 609.26 462.88        | UNITS/DAYS PER ELIG .827 .074 .066 .009 .000 .000 .000 .000 .000 .000                          | \$ COST PER USER<br>\$ 976.07<br>6729.09<br>7665.45<br>7294.81<br>3418.76<br>2318.19<br>.00<br>3463.88<br>3943.80<br>958.32<br>.00<br>173.26<br>69.44<br>53.96<br>57.62<br>154.75<br>56.26<br>140.35<br>\$ 18564.45<br>14349.35             | GE COST PER ELIGIBLE \$ 110.80 92.69 82.74 7.71 3.60 .10 .00 3.51 4.10 2.24 .00 18.11 1.63 .34 2.19 3.69 3.17 7.09 \$ .73 .03 .69 |

| 0.0                | 0 700   |   | 226 027 44  |  | 104 27   |   | 000  |  | 2722 75  |  | 7.0   |
|--------------------|---|---|---|--|--|---|--|--|--|--|---|
|                    | •   |   |   |  |  |   |  |  |  |  | .78   |
|                    |   |   |   |  |  |   |  |  |  |  | .59   |
|                    | •   |   |   |  |  |   |  |  |  |  | 3.79  |
| · ·                | ŭ   |   |   |  |  |   |  |  |  |  | .00   |
| -                  | •   |   |   |  |  |   |  |  |  |  | 24.15   |
|                    | •   | \$  |   | \$   |  |   |  | \$   |  | \$   | 7.60  |
| 394                | 11 <b>,</b> 937   |   | 2,022,824.09  |  | 169.46   |   | .028   |  |  |  | 4.67  |
|                    | 7 <b>,</b> 654  |   | 1,102,383.30  |  | 144.03   |   | .018   |  | 4191.57  |  | 2.54  |
| 29                 | 796   |   | 168,414.54  |  | 211.58   |   | .002   |  | 5807.40  |  | .39   |
| 3 <b>,</b> 738     | 128,986   | \$  | 5,330,641.61  | \$   | 41.33  |   | .298   | \$   | 1426.07  | \$   | 12.30   |
| 102                | 1,871   |   | 356,933.44  |  | 190.77   |   | .004   |  | 3499.35  |  | .82   |
| 3 <b>,</b> 639     | 127,115   |   | 4,973,708.17  |  | 39.13  |   | .293   |  | 1366.78  |  | 11.47   |
| 1,763              | 13,529  | \$  | 272,363.73  | \$   | 20.13  |   | .031   | \$   | 154.49   | \$   | .63   |
| 682                | 2,378   |   | 69,913.23   |  | 29.40  |   | .005   |  | 102.51   |  | .16   |
| 1,088              | 11,151  |   | 202,450.50  |  | 18.16  |   | .026   |  | 186.08   |  | .47   |
| 25,710             | 116,979   | \$  | 1,288,981.35  | \$   | 11.02  |   | .270   | \$   | 50.14  | \$   | 2.97  |
| 25,438             | 116,043   |   | 1,281,316.95  |  | 11.04  |   | .268   |  | 50.37  |  | 2.96  |
| 279                | 936   |   | 7,664.40  |  | 8.19   |   | .002   |  | 27.47  |  | .02   |
| 9,373              | 25,252  | \$  | 1,085,884.78  | \$   | 43.00  |   | .058   | \$   | 115.85   | \$   | 2.50  |
|                    | •   |   |   |  | 21.59  |   | .036   |  | 57.75  |  | .77   |
| -                  | •   |   |   |  | 38.03  |   | 012  |  | 187.02   |  | . 44  |
| 42                 | •   |   |   |  |  |   |  |  |  |  | .01   |
| 2,590              |   |   | •   |  |  |   |  |  |  |  | 1.29  |
| •                  | •   | JRES M  | •   | REPORT   |  |   |  | DEC  |  | Р  | AGE 10,644  |
| FEE-FOR-SERVICE/DE | NTAL  |   |   |  |  |   |  |  |  |  | 03/14/05  |
|                    |   | ASSI  | STANCE - DISABLEI   | )  |  |   |  |  |  |  | -, , , , -  |
|                    |   |   |   |  |  |   | M  | IONT   | HLY AVERA  | GE.  |   |
|                    | 263<br>29<br>3,738<br>102<br>3,639<br>1,763<br>682<br>1,088<br>25,710<br>25,438<br>279<br>9,373<br>5,758<br>1,021<br>42<br>2,590<br>MEDI-CAL SERVICES<br>FEE-FOR-SERVICE/DE | 13 395 98 2,897 0 0 2,805 74,704 686 20,387 394 11,937 263 7,654 29 796 3,738 128,986 102 1,871 3,639 127,115 1,763 13,529 682 2,378 1,088 11,151 25,710 116,979 25,438 116,043 279 936 9,373 25,252 5,758 15,400 1,021 5,021 42 507 2,590 4,324 MEDI-CAL SERVICES AND EXPENDITOR | 13 395 98 2,897 0 0 2,805 74,704 686 20,387 \$ 394 11,937 263 7,654 29 796 3,738 128,986 \$ 102 1,871 3,639 127,115 1,763 13,529 \$ 682 2,378 1,088 11,151 25,710 116,979 \$ 1,088 11,151 25,710 116,979 \$ 25,438 116,043 279 936 9,373 25,252 \$ 5,758 15,400 1,021 5,021 42 507 2,590 4,324 MEDI-CAL SERVICES AND EXPENDITURES N | 13 395 255,828.69 98 2,897 1,644,972.35 0 0 0 .00 2,805 74,704 10,468,507.20 686 20,387 \$ 3,293,621.93 394 11,937 2,022,824.09 263 7,654 1,102,383.30 29 796 168,414.54 3,738 128,986 \$ 5,330,641.61 102 1,871 356,933.44 3,639 127,115 4,973,708.17 1,763 13,529 \$ 272,363.73 682 2,378 69,913.23 1,088 11,151 202,450.50 25,710 116,979 \$ 1,288,981.35 25,438 116,043 1,281,316.95 279 936 7,664.40 9,373 25,252 \$ 1,085,884.78 5,758 15,400 332,552.29 1,021 5,021 190,948.76 42 507 5,231.73 2,590 4,324 557,152.00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT FFEE-FOR-SERVICE/DENTAL | 13 395 255,828.69 98 2,897 1,644,972.35 0 0 0 .00 2,805 74,704 10,468,507.20 686 20,387 \$ 3,293,621.93 \$ 394 11,937 2,022,824.09 263 7,654 1,102,383.30 29 796 168,414.54 3,738 128,986 \$ 5,330,641.61 \$ 102 1,871 356,933.44 3,639 127,115 4,973,708.17 1,763 13,529 \$ 272,363.73 \$ 682 2,378 69,913.23 1,088 11,151 202,450.50 25,710 116,979 \$ 1,288,981.35 \$ 25,438 116,043 1,281,316.95 279 936 7,664.40 9,373 25,252 \$ 1,085,884.78 \$ 5,758 15,400 332,552.29 1,021 5,021 190,948.76 42 507 5,231.73 2,590 4,324 557,152.00  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FEE-FOR-SERVICE/DENTAL | 13 395 255,828.69 647.67 98 2,897 1,644,972.35 567.82 0 0 0 .00 .00 2,805 74,704 10,468,507.20 140.13 686 20,387 \$ 3,293,621.93 \$ 161.56 394 11,937 2,022,824.09 169.46 263 7,654 1,102,383.30 144.03 29 796 168,414.54 211.58 3,738 128,986 \$ 5,330,641.61 \$ 41.33 102 1,871 356,933.44 190.77 3,639 127,115 4,973,708.17 39.13 1,763 13,529 \$ 272,363.73 \$ 20.13 682 2,378 69,913.23 29.40 1,088 11,151 202,450.50 18.16 25,710 116,979 \$ 1,288,981.35 \$ 11.02 25,438 116,043 1,281,316.95 11.04 279 936 7,664.40 8.19 9,373 25,252 \$ 1,085,884.78 \$ 43.00 5,758 15,400 332,552.29 21.59 1,021 5,021 190,948.76 38.03 42 507 5,231.73 10.32 2,590 4,324 557,152.00 128.85 | 13 395 255,828.69 647.67 98 2,897 1,644,972.35 567.82 0 0 0 .00 2,805 74,704 10,468,507.20 140.13 686 20,387 \$ 3,293,621.93 \$ 161.56 394 11,937 2,022,824.09 169.46 263 7,654 1,102,383.30 144.03 29 796 168,414.54 211.58 3,738 128,986 \$ 5,330,641.61 \$ 41.33 102 1,871 356,933.44 190.77 3,639 127,115 4,973,708.17 39.13 1,763 13,529 \$ 272,363.73 \$ 20.13 682 2,378 69,913.23 29.40 1,088 11,151 202,450.50 18.16 25,710 116,979 \$ 1,288,981.35 \$ 11.02 25,438 116,043 1,281,316.95 11.04 279 936 7,664.40 8.19 9,373 25,252 \$ 1,085,884.78 \$ 43.00 5,758 15,400 332,552.29 21.59 1,021 5,021 190,948.76 38.03 42 507 5,231.73 10.32 2,590 4,324 557,152.00 128.85 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 TFEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED | 13 395 255,828.69 647.67 .001 98 2,897 1,644,972.35 567.82 .007 0 0 .00 .00 .00 2,805 74,704 10,468,507.20 140.13 .172 686 20,387 \$ 3,293,621.93 \$ 161.56 .047 394 11,937 2,022,824.09 169.46 .028 263 7,654 1,102,383.30 144.03 .018 29 796 168,414.54 211.58 .002 3,738 128,986 \$ 5,330,641.61 \$ 41.33 .298 102 1,871 356,933.44 190.77 .004 3,639 127,115 4,973,708.17 39.13 .293 1,763 13,529 \$ 272,363.73 \$ 20.13 .031 682 2,378 69,913.23 29.40 .005 1,088 11,151 202,450.50 18.16 .026 25,710 116,979 \$ 1,288,981.35 \$ 11.02 .270 25,438 116,043 1,281,316.95 11.04 .268 279 936 7,664.40 8.19 .002 9,373 25,252 \$ 1,085,884.78 \$ 43.00 .055 5,758 15,400 332,552.29 21.59 .036 1,021 5,021 190,948.76 38.03 .012 42 507 5,231.73 10.32 .001 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED | 13 395 255,828.69 647.67 .001 98 2,897 1,644,972.35 567.82 .007 0 0 .00 .00 .00 .000 2,805 74,704 10,468,507.20 140.13 .172 686 20,387 \$ 3,293,621.93 \$ 161.56 .047 \$ 394 11,937 2,022,824.09 169.46 .028 263 7,654 1,102,383.30 144.03 .018 29 796 168,414.54 211.58 .002 3,738 128,986 \$ 5,330,641.61 \$ 41.33 .298 \$ 102 1,871 356,933.44 190.77 .004 3,639 127,115 4,973,708.17 39.13 .293 1,763 13,529 \$ 272,363.73 \$ 20.13 .031 \$ 682 2,378 69,913.23 29.40 .005 1,088 11,151 202,450.50 18.16 .026 25,710 116,979 \$ 1,288,981.35 \$ 11.02 .270 \$ 25,438 116,043 1,281,316.95 11.04 .268 279 936 7,664.40 8.19 .002 9,373 25,252 \$ 1,085,884.78 \$ 43.00 .058 \$ 5,758 15,400 332,552.29 21.59 .036 1,021 5,021 190,948.76 38.03 .012 42 507 5,231.73 10.32 .001 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC | 13 395 255,828.69 647.67 .001 19679.13 98 2,897 1,644,972.35 567.82 .007 16785.43 0 0 0 .00 .00 .00 .00 2,805 74,704 10,468,507.20 140.13 .172 3732.09 686 20,387 \$ 3,293,621.93 \$ 161.56 .047 \$ 4801.20 394 11,937 2,022,824.09 169.46 .028 5134.07 263 7,654 1,102,383.30 144.03 .018 4191.57 29 796 168,414.54 211.58 .002 5807.40 3,738 128,986 \$ 5,330,641.61 \$ 41.33 .298 \$ 1426.07 102 1,871 356,933.44 190.77 .004 3499.35 3,639 127,115 4,973,708.17 39.13 .293 1366.78 1,763 13,529 \$ 272,363.73 \$ 20.13 .031 \$ 154.49 682 2,378 69,913.23 29.40 .005 102.51 1,088 11,151 202,450.50 18.16 .026 186.08 25,710 116,979 \$ 1,288,981.35 \$ 11.02 .270 \$ 50.14 25,438 116,043 1,281,316.95 11.04 .268 50.37 279 936 7,664.40 8.19 .002 27.47 9,373 25,252 \$ 1,085,884.78 \$ 43.00 .058 \$ 115.85 5,758 15,400 332,552.29 21.59 .036 57.75 1,021 5,021 190,948.76 38.03 .012 187.02 42 507 5,231.73 10.32 .001 124.57 2,590 4,324 557,152.00 128.85 .010 215.12  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEEF-FOR-SERVICE JERRYLLE SAND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | 13 395 255,828.69 647.67 .001 19679.13 98 2,897 1,644,972.35 567.82 .007 16785.43 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 |

|                                |                 |                  |               |              | MON        | THLY AVERA | jE       |
|--------------------------------|-----------------|------------------|---------------|--------------|------------|------------|----------|
| 433,491 ELIGIBLES              | USERS           | UNITS OF SERVICE | EXPENDITURES  | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER |
|                                |                 | OR DAYS OF CARE  |               | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 66 <b>,</b> 237 | 7,459,924 \$     | 18,153,157.57 | \$ 2.43      | 17.209     | 274.06     | \$ 41.88 |
| DURABLE MED. EQUIP.            | 5,150           | 21,391           | 3,006,823.98  | 140.56       | .049       | 583.85     | 6.94     |
| BLOOD BANK                     | 0               | 0                | .00           | .00          | .000       | .00        | .00      |
| HEARING AID DISPENSERS         | 108             | 130              | 28,710.07     | 220.85       | .000       | 265.83     | .07      |
| MEDICAL TRANSPORTATION         | 11,567          | 622 <b>,</b> 984 | 2,863,923.74  | 4.60         | 1.437      | 247.59     | 6.61     |
| AMBULANCES/AIR TRANS           | 7,420           | 55 <b>,</b> 987  | 1,029,784.60  | 18.39        | .129       | 138.78     | 2.38     |
| OTHER TRANS                    | 3 <b>,</b> 719  | 561,698          | 1,789,594.10  | 3.19         | 1.296      | 481.20     | 4.13     |
| OTHER SERVICES                 | 943             | 5 <b>,</b> 299   | 44,545.04     | 8.41         | .012       | 47.24      | .10      |
| ACUPUNCTURE                    | 2,221           | 5,041            | 88,512.39     | 17.56        | .012       | 39.85      | .20      |
| ADULT DAY HEALTH CARE CTR      | 2,199           | 32,406           | 2,239,713.84  | 69.11        | .075       | 1018.51    | 5.17     |
| GENETIC DISEASE TESTING        | 98              | 98               | 10,242.00     | 104.51       | .000       | 104.51     | .02      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1,977           | 70,312           | 2,478,879.46  | 35.26        | .162       | 1253.86    | 5.72     |
| OCCUPATIONAL THERAPIST         | 101             | 4,017            | 13,263.90     | 3.30         | .009       | 131.33     | .03      |
| OPTICIAN                       | 10,467          | 24,358           | 269,682.37    | 11.07        | .056       | 25.77      | .62      |
| PHYSICAL THERAPIST             | 427             | 3,798            | 52,273.17     | 13.76        | .009       | 122.42     | .12      |
| PORTABLE X-RAY                 | 200             | 432              | 8,111.21      | 18.78        | .001       | 40.56      | .02      |
| PROSTHETIST/ORTHOTISTS         | 608             | 2,213            | 236,758.66    | 106.99       | .005       | 389.41     | .55      |
| PROSTHETICS                    | 605             | 2,209            | 236,425.08    | 107.03       | .005       | 390.79     | .55      |
| ORTHOTICS                      | 4               | 4                | 333.58        | 83.40        | .000       | 83.40      | .00      |
| PSYCHOLOGIST                   | 95              | 187              | 6,008.78      | 32.13        | .000       | 63.25      | .01      |
| SPEECH AND AUDIOLOGY           | 4,505           | 18,456           | 790,351.68    | 42.82        | .043       | 175.44     | 1.82     |
| HOSPICE SERVICES               | 239             | 6 <b>,</b> 525   | 869,344.39    | 133.23       | .015       | 3637.42    | 2.01     |
| NONINST BIRTHING CENTERS       | 1               | 1                | 1,106.68      | 1106.68      | .000       | 1106.68    | .00      |
| LOCAL EDUCATION AGENCIES       | 14,919          | 398,807          | 3,004,254.68  | 7.53         | .920       | 201.37     | 6.93     |
| EPSDT SUPPLEMENTAL SERVICE     | 97              | 7,191            | 210,597.67    | 29.29        | .017       | 2171.11    | .49      |
| RESPIRATORY CARE PRACT.        | 0               | 0                | .00           | .00          | .000       | .00        | .00      |
| PED SUBACUTE REHAB/WEANING     | 0               | 0                | .00           | .00          | .000       | .00        | .00      |
|                                |                 |                  |               |              |            |            |          |

| ALL OTHER PROVIDERS           | 17,108 | 6,241,577 | 1,974,598.90        | .32         | 14.398 | 115.42     | 4.56     |
|-------------------------------|--------|-----------|---------------------|-------------|--------|------------|----------|
| @CALIF. CHILDREN SERVICES*    | 8,636  | 346,588   | \$<br>15,937,228.60 | \$<br>45.98 | .800   | \$ 1845.44 | \$ 36.76 |
| @XOVER EXCLUDING STATE HOSP** | 46,496 | 465,584   | \$<br>6,753,193.98  | \$<br>14.50 | 1.074  | \$ 145.24  | \$ 15.58 |

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,645 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

|                            |                 |                     |                     |              | MON        | THLY AVERA | GE        |
|----------------------------|-----------------|---------------------|---------------------|--------------|------------|------------|-----------|
| 141,292 ELIGIBLES          | USERS           | UNITS OF SERVICE    | EXPENDITURES        | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER  |
|                            |                 | OR DAYS OF CARE     |                     | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 109,099         | 686 <b>,</b> 318 \$ | 28,241,846.38       | \$ 41.15     | 4.857 \$   | 258.86     | \$ 199.88 |
| @PHYSICIANS SERVICES       | 25 <b>,</b> 150 | 67 <b>,</b> 429 \$  | 3,903,872.44        | \$ 57.90     | .477 \$    | 155.22     | \$ 27.63  |
| OUTPATIENT VISITS          | 18,812          | 24,541              | 993,581.41          | 40.49        | .174       | 52.82      | 7.03      |
| OFFICE VISITS              | 12,251          | 14 <b>,</b> 857     | 542 <b>,</b> 807.89 | 36.54        | .105       | 44.31      | 3.84      |
| HOME VISITS                | 181             | 199                 | 6,323.48            | 31.78        | .001       | 34.94      | .04       |
| EMERGENCY ROOM             | 4,045           | 4,472               | 240,693.65          | 53.82        | .032       | 59.50      | 1.70      |
| PREVENTIVE CARE            | 68              | 68                  | 3,137.90            | 46.15        | .000       | 46.15      | .02       |
| OB VISITS/COMPRE PERI      | 1,045           | 2 <b>,</b> 570      | 133,813.40          | 52.07        | .018       | 128.05     | .95       |
| OTHER OUTPATIENT           | 2,056           | 2,375               | 66,805.09           | 28.13        | .017       | 32.49      | .47       |
| INPATIENT VISITS           | 1,871           | 9 <b>,</b> 554      | 991 <b>,</b> 091.87 | 103.74       | .068       | 529.71     | 7.01      |
| HOSPITAL VISITS            | 1,530           | 5,108               | 277,349.03          | 54.30        | .036       | 181.27     | 1.96      |
| CRITICAL CARE              | 543             | 4,386               | 711,115.36          | 162.13       | .031       | 1309.60    | 5.03      |
| SNF/ICF/TRANS IP CARE      | 10              | 60                  | 2,627.48            | 43.79        | .000       | 262.75     | .02       |
| OPHTHALMOLOGICAL SERVICES  | 347             | 478                 | 20,611.80           | 43.12        | .003       | 59.40      | .15       |
| EXAMINATIONS               | 306             | 435                 | 19 <b>,</b> 676.87  | 45.23        | .003       | 64.30      | .14       |
| SERVICES AND MATERIALS     | 43              | 43                  | 934.93              | 21.74        | .000       | 21.74      | .01       |
| INPATIENT HOSPITAL SURGERY | 1,224           | 6 <b>,</b> 857      | 789 <b>,</b> 964.06 | 115.21       | .049       | 645.40     | 5.59      |
| PRINCIPAL SURGEON          | 802             | 1,092               | 596,738.85          | 546.46       | .008       | 744.06     | 4.22      |
| ASSISTANT SURGEON          | 134             | 138                 | 33,325.29           | 241.49       | .001       | 248.70     | .24       |
| ANESTHESIOLOGIST           | 565             | 5 <b>,</b> 627      | 159,899.92          | 28.42        | .040       | 283.01     | 1.13      |

| OUTPATIENT SURGERY         | 1,397           | 3,441            |       | 291,343.04          |        | 84.67       | .024        | 208.55     |     | 2.06        |
|----------------------------|-----------------|------------------|-------|---------------------|--------|-------------|-------------|------------|-----|-------------|
| PRINCIPAL SURGEON          | 1,170           | 1,456            |       | 231,104.46          |        | 158.73      | .010        | 197.53     |     | 1.64        |
| ASSISTANT SURGEON          | 6               | 6                |       | 1,206.22            |        | 201.04      | .000        | 201.04     |     | .01         |
| ANESTHESIOLOGIST           | 358             | 1,979            |       | 59,032.36           |        | 29.83       | .014        | 164.89     |     | .42         |
| DIALYSIS                   | 11              | 30               |       | 2,642.97            |        | 88.10       | .000        | 240.27     |     | .02         |
| PATHOLOGY                  | 1,957           | 4,272            |       | 70,678.05           |        | 16.54       | .030        | 36.12      |     | .50         |
| RADIOLOGY                  | 4,653           | 9,121            |       | 376,276.38          |        | 41.25       | .065        | 80.87      |     | 2.66        |
| PSYCHIATRY                 | 12              | 12               |       | 991.68              |        | 82.64       | .000        | 82.64      |     | .01         |
| IMMUNIZATION AND INJECTION | 383             | 1,141            |       | 22,755.53           |        | 19.94       | .008        | 59.41      |     | .16         |
| OTHER SERVICES/ALL X-OVERS | 3,202           | 7,982            |       | 343,935.65          |        | 43.09       | .056        | 107.41     |     | 2.43        |
| @PHARMACY                  | 27,335          | 121,357          | \$    | 4,888,372.74        | \$     | 40.28       | .859        |            | Ś   | 34.60       |
| PRESCRIPTION DRUGS         | 27,011          | 58,503           | -     | 4,650,115.38        | 4      | 79.49       | .414        | 172.16     | 4   | 32.91       |
| SNF/ICF                    | 159             | 510              |       | 97,641.28           |        | 191.45      | .004        | 614.10     |     | .69         |
| OUTPATIENTS                | 26,932          | 57 <b>,</b> 993  |       | 4,552,474.10        |        | 78.50       | .410        | 169.04     |     | 32.22       |
| MEDICAL SUPPLIES           | 1,230           | 62 <b>,</b> 854  |       | 238,257.36          |        | 3.79        | .445        | 193.71     |     | 1.69        |
| @DENTIST                   | 8,155           | 46,821           | Ś     | 1,077,592.36        | \$     | 23.02       | .331        |            | Ċ   | 7.63        |
| VISITS - DIAGNOSTIC        | 6 <b>,</b> 234  | 34,630           | Ÿ     | 442,924.03          | Ÿ      | 12.79       | .245        | 71.05      | Y   | 3.13        |
| ORAL SURGERY               | 1,019           | 2,006            |       | 104,595.55          |        | 52.14       | .014        | 102.65     |     | .74         |
| DRUGS                      | 101             | 119              |       | 2,350.00            |        | 19.75       | .001        | 23.27      |     | .02         |
| ANESTHESIA                 | 23              | 23               |       |                     |        | 60.87       | .000        | 60.87      |     | .02         |
|                            | 23<br>90        | 105              |       | 1,400.00            |        |             |             |            |     |             |
| PERIODONTICS               | 525             |                  |       | 7,836.00            |        | 74.63       | .001        | 87.07      |     | .06         |
| ENDODONTICS                | 525             | 898              |       | 113,057.00          |        | 125.90      | .006        | 215.35     |     | .80         |
| RESTORATIVE DENTISTRY      | 2,736           | 7,688            |       | 355,469.30          |        | 46.24       | .054        | 129.92     |     | 2.52        |
| PROSTHETICS                | 13              | 17               |       | 560.00              |        | 32.94       | .000        | 43.08      |     | .00         |
| DENTURES, STAYPLATES       | 47              | 155              |       | 11,055.25           |        | 71.32       | .001        | 235.22     |     | .08         |
| SPACE MAINTAINERS          | 75              | 113              |       | 9,364.00            |        | 82.87       | .001        | 124.85     |     | .07         |
| MAXILLOFACIAL SERVICES     | 18              | 21               |       | 1,372.48            |        | 65.36       | .000        | 76.25      |     | .01         |
| FRACTURES, DISLOCATIONS    | 1               | 1                |       | .00                 |        | .00         | .000        | .00        |     | .00         |
| ORTHODONTIC SERVICES       | 405             | 637              |       | 25 <b>,</b> 733.75  |        | 40.40       | .005        | 63.54      |     | .18         |
| ALL OTHER SERVICES         | 273             | 408              |       | 1,875.00            |        | 4.60        | .003        | 6.87       |     | .01         |
| #CALIF DEPT OF HEALTH SERV |                 |                  | RES 1 | MONTH-OF-PAYMENT RE | EPORT  | r for jan 2 | 2004 THRU D | EC 2004    | F   | PAGE 10,646 |
| MOP024                     | FEE-FOR-SERVICE | L/DENTAL         |       |                     |        |             |             |            |     | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERV | ICES FOR PUBLIC  | ASSI  | ISTANCE - FAMILIES  |        |             |             |            |     |             |
|                            |                 |                  |       |                     |        |             | MO          | NTHLY AVER | AGE |             |
| 141,292 ELIGIBLES          | USERS           | UNITS OF SERVICE | E     | EXPENDITURES        | AVE    | ERAGE COST  | UNITS/DAYS  | COST PER   |     | COST PER    |
|                            |                 | OR DAYS OF CAR   | E     |                     | PEF    | R UNIT/DAY  |             | USER       |     | ELIGIBLE    |
| @OPTOMETRIST               | 1 <b>,</b> 556  | 4,603            | \$    | 102,558.57          | \$     | 22.28       | .033        | \$ 65.91   | \$  | .73         |
| DIAGNOSTIC AND ANC. PROCED | 1,229           | 1,356            |       | 54,667.03           |        | 40.31       | .010        | 44.48      |     | .39         |
| EYE APPLIANCES             | 1,125           | 3,230            |       | 47,332.96           |        | 14.65       | .023        | 42.07      |     | .34         |
| OTHER OPTOMETRIC SERVICES  | 16              | 17               |       | 558.58              |        | 32.86       | .000        | 34.91      |     | .00         |
| @CHIROPRACTOR              | 16              | 21               | \$    | 342.76              | \$     | 16.32       | .000        | \$ 21.42   | \$  | .00         |
| VISITS                     | 16              | 21               |       | 342.76              |        | 16.32       | .000        | 21.42      |     | .00         |
| OTHER SERVICES             | 0               | 0                |       | .00                 |        | .00         | .000        | .00        |     | .00         |
| @PODIATRIST                | 78              | 116              | Ś     | 4,647.18            | \$     | 40.06       | .001        | \$ 59.58   | Ś   | .03         |
| MEDICINE/INJECTIONS        | 73              | 80               |       | 3,768.50            | ,      | 47.11       | .001        | 51.62      |     | .03         |
| SURGERY/ANES.              | 13              | 21               |       | 432.39              |        | 20.59       | .000        | 33.26      |     | .00         |
| RADIO./PATHOLOGY           | 10              | 13               |       | 238.74              |        | 18.36       | .000        | 23.87      |     | .00         |
| OTHER                      | 2               | 2                |       | 207.55              |        | 103.78      | .000        | 103.78     |     | .00         |
| @HOME HEALTH AGENCY        | 310             | 14,907           | \$    | 474,741.91          | \$     | 31.85       | .106        |            | \$  | 3.36        |
| NURSE ANESTHESIST          | 9               | 78               | Ś     | 1,390.44            | Ś      | 17.83       |             | \$ 154.49  |     | .01         |
| NOTICE MINESTINESTOI       | 1.2             | 140              | Ŷ     | 1,550.44            | Υ<br>Ω | 17.03       |             | 074 01     | ÷   | .01         |

NURSE MIDWIFE

@TOTAL HOSPITAL

HSC HOSPITALS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

13

1

93

13,066

1,474

1,357

140

1

229

54,992

8,462

7,869

\$

3,566.02

5,328.05

13,293,250.34

12,020,368.65

11,202,102.00

37.50

\$

25.47

37.50

23.27

241.73

1420.51

1423.57

.001 \$

.000 \$

.002 \$

.060

.056

274.31 \$

37.50 \$

57.29 \$

8154.93

8255.05

.389 \$ 1017.39 \$

.03

.00

.04

94.08

85.07

79.28

| NON-HSC HOSPITAL TOTAL      | 118             | 593              |          | 817,390.65       | 1378.40      | .004         | 6927.04    | 5.      | 79   |
|-----------------------------|-----------------|------------------|----------|------------------|--------------|--------------|------------|---------|------|
| ACCOMMODATIONS              | 118             | 593              |          | 467,810.42       | 788.89       | .004         | 3964.50    | 3.      | 31   |
| ADMINISTRATIVE DAYS         | 1               | 1                |          | 211.52           | 211.52       | .000         | 211.52     |         | 00   |
| TRANSITIONAL IP CARE        | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| ALL OTHER ACCOM             | 117             | 592              |          | 467,598.90       | 789.86       | .004         | 3996.57    | 3.      | 31   |
| ANCILLARIES                 | 112             | 0                |          | 349,580.23       | .00          | .000         | 3121.25    | 2.      | 47   |
| INPATIENT CROSSOVERS        | 1               | 0                |          | 876.00           | .00          | .000         | 876.00     |         | 01   |
| ALL OTHER INPATIENT         | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| HOSP OUTPATIENT TOTAL       | 12,071          | 46,530           |          | 1,272,881.69     | 27.36        | .329         | 105.45     | 9.      | 01   |
| MEDICAL                     | 1,780           | 2,709            |          | 133,462.56       | 49.27        |              | 74.98      |         | 94   |
| SURGERY                     | 829             | 967              |          | 37,899.11        | 39.19        | .007         | 45.72      |         | 27   |
| PATHOLOGY                   | 3,397           | 17,599           |          | 161,291.16       | 9.16         | .125         | 47.48      | 1.      | 14   |
| RADIOLOGY                   | 2,245           | 3,142            |          | 263,953.21       | 84.01        | .022         | 117.57     | 1.      | 87   |
| ROOM USE                    | 7,684           | 9,666            |          | 364,904.43       | 37.75        | .068         | 47.49      | 2.      |      |
| CROSSOVERS/ALL OTH OUTPINT  |                 | 12,447           |          | 311,371.22       | 25.02        | .088         |            | 2.      |      |
| @COUNTY HOSPITAL TOTAL      | 161             | 677              | \$       | 54,863.51        | \$ 81.04     | .005         | 340.77     | \$.     | 39   |
| CO HOSPITAL INPATIENT TOTAL | 12              | 31               |          | 35,335.08        | 1139.84      |              | 2944.59    |         | 25   |
| HSC HOSPITALS               | 12              | 31               |          | 35,335.08        | 1139.84      | .000         | 2944.59    |         | 25   |
| NON-HSC HOSPITALS TOTAL     | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| ACCOMMODATIONS              | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| ADMINISTRATIVE DAYS         | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| TRANSITIONAL IP CARE        | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| ALL OTHER ACCOM             | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| ANCILLARIES                 | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| INPATIENT CROSSOVERS        | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| ALL OTHER INPATIENT         | 0               | 0                |          | .00              | .00          | .000         | .00        |         | 00   |
| CO HOSP OUTPATIENT TOTAL    | 154             | 646              |          | 19,528.43        | 30.23        | .005         | 126.81     |         | 14   |
| MEDICAL                     | 68              | 86               |          | 2,870.52         | 33.38        | .001         | 42.21      |         | 02   |
| SURGERY                     | 26              | 39               |          | 1,667.14         | 42.75        | .000         | 64.12      |         | 01   |
| PATHOLOGY                   | 48              | 204              |          | 3,026.66         | 14.84        | .001         | 63.06      |         | 02   |
| RADIOLOGY                   | 26              | 41               |          | 2,059.04         | 50.22        | .000         | 79.19      |         | 01   |
| ROOM USE                    | 117             | 165              |          | 7,223.63         | 43.78        | .001         | 61.74      |         | 05   |
| CROSSOVERS/ALL OTH OUTPINT  | 59              | 111              |          | 2,681.44         | 24.16        | .001         | 45.45      |         | 02   |
| #CALIF DEPT OF HEALTH SERV  |                 | ES AND EXPENDITU | JRES MON | TH-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU DE | EC 2004    | PAGE 10 |      |
| MOP024                      | FEE-FOR-SERVICE | /DENTAL          |          |                  |              |              |            | 03/1    | 4/05 |
| SACRAMENTO COUNTY           | SUMMARY OF SERV | ICES FOR PUBLIC  | CASSIST  | ANCE - FAMILIES  |              |              |            |         |      |
|                             |                 |                  |          |                  |              | MON          | THLY AVERA | GE      |      |
| 141,292 ELIGIBLES           | USERS           | UNITS OF SERVICE | CE       | EXPENDITURES     | AVERAGE COST | UNITS/DAYS   | COST PER   | COST P  | ER   |
|                             |                 |                  | _        |                  | / /          |              |            |         |      |

| 141,292 ELIGIBLES          | USERS  | UNITS OF SERVICE | EXPENDITURES  | AVERAGE COST | UNITS/DAYS | COST PER | COST PER |
|----------------------------|--------|------------------|---------------|--------------|------------|----------|----------|
|                            |        | OR DAYS OF CARE  |               | PER UNIT/DAY | PER ELIG   | USER     | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 12,922 | 54,315 \$        | 13,238,386.83 | \$ 243.73    | .384 \$    | 1024.48  | \$ 93.70 |
| COMM HOSP INPATIENT TOTAL  | 1,462  | 8,431            | 11,985,033.57 | 1421.54      | .060       | 8197.70  | 84.82    |
| HSC HOSPITALS              | 1,345  | 7,838            | 11,166,766.92 | 1424.70      | .055       | 8302.43  | 79.03    |
| NON-HSC HOSPITALS TOTAL    | 118    | 593              | 817,390.65    | 1378.40      | .004       | 6927.04  | 5.79     |
| ACCOMMODATIONS             | 118    | 593              | 467,810.42    | 788.89       | .004       | 3964.50  | 3.31     |
| ADMINISTRATIVE DAYS        | 1      | 1                | 211.52        | 211.52       | .000       | 211.52   | .00      |
| TRANSITIONAL IP CARE       | 0      | 0                | .00           | .00          | .000       | .00      | .00      |
| ALL OTHER ACCOM            | 117    | 592              | 467,598.90    | 789.86       | .004       | 3996.57  | 3.31     |
| ANCILLARIES                | 112    | 0                | 349,580.23    | .00          | .000       | 3121.25  | 2.47     |
| INPATIENT CROSSOVERS       | 1      | 0                | 876.00        | .00          | .000       | 876.00   | .01      |
| ALL OTHER INPATIENT        | 0      | 0                | .00           | .00          | .000       | .00      | .00      |
| COMM HOSP OUTPATIENT TOTAL | 11,932 | 45,884           | 1,253,353.26  | 27.32        | .325       | 105.04   | 8.87     |
| MEDICAL                    | 1,713  | 2,623            | 130,592.04    | 49.79        | .019       | 76.24    | .92      |
| SURGERY                    | 803    | 928              | 36,231.97     | 39.04        | .007       | 45.12    | .26      |
| PATHOLOGY                  | 3,350  | 17,395           | 158,264.50    | 9.10         | .123       | 47.24    | 1.12     |
| RADIOLOGY                  | 2,220  | 3,101            | 261,894.17    | 84.45        | .022       | 117.97   | 1.85     |
| ROOM USE                   | 7,574  | 9,501            | 357,680.80    | 37.65        | .067       | 47.22    | 2.53     |

| CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL   | 5,054<br>1   | 12,336<br>31  | \$                  | 308,689.78<br>12,985.42   | \$         | 25.02<br>418.88   | .087   | \$        | 61.08<br>12985.42   | \$         | 2.18  |
|--|--|---|---------------------|---|------------|---|--|-----------|---|------------|---|
| MENTALLY ILL   | 1  | 31  |                     | 12,985.42   |            | 418.88  | .000   |           | 12985.42  |            | .09   |
| DEVELOP. DISABLED  | 0  | 0   |                     | .00   |            | .00   | .000   |           | .00   |            | .00   |
| @NURSING FACILITY  | 11   | 227   | \$                  | 110,386.33  | \$         | 486.28  | .002   | \$        | 10035.12  | \$         | .78   |
| LEV A-INTERMEDIATE   | 0  | 0   | ·                   | .00   | •          | .00   | .000   |           | .00   |            | .00   |
| LEV B-REHAB MD   | 0  | 0   |                     | .00   |            | .00   | .000   |           | .00   |            | .00   |
| LEV B-SUBACUTE FREESTANDING  | 6  | 165   |                     | 101,291.85  |            | 613.89  | .001   |           | 16881.98  |            | .72   |
| LEV B-SUBACUTE HSPTL BASED   | 0  | 0   |                     | .00   |            | .00   | .000   |           | .00   |            | .00   |
| LEV B-TRANSITIONAL IP CARE   | 0  | 0   |                     | .00   |            | .00   | .000   |           | .00   |            | .00   |
| LEV B-REGULAR  | 5  | 62  |                     | 9,094.48  |            | 146.69  | .000   |           | 1818.90   |            | .06   |
| @INTERMEDIATE CARE FACILDD   | 2  | 76  | \$                  | 10,321.51   | \$         | 135.81  | .001   | \$        | 5160.76   | \$         | .07   |
| ICF DDH  | 0  | 0   |                     | .00   |            | .00   | .000   |           | .00   |            | .00   |
| ICF DD   | 2  | 76  |                     | 10,321.51   |            | 135.81  | .001   |           | 5160.76   |            | .07   |
| ICF DDN/DDCN   | 0  | 0   |                     | .00   |            | .00   | .000   |           | .00   |            | .00   |
| @HEMODIALYSIS TOTAL  | 13   | 417   | \$                  | 11,580.33   | \$         | 27.77   | .003   | \$        | 890.79  | \$         | .08   |
| HOSPITAL BASED   | 0  | 0   |                     | .00   |            | .00   | .000   |           | .00   |            | .00   |
| HEMODIALYSIS CENTER  | 13   | 417   |                     | 11,580.33   |            | 27.77   | .003   |           | 890.79  |            | .08   |
| @REHABILITATION FACILITY   | 252  | 1,588   | \$                  | 37,255.37   | \$         | 23.46   | .011   | \$        | 147.84  | \$         | .26   |
| HOSPITAL BASED   | 156  | 741   |                     | 21,922.71   |            | 29.59   | .005   |           | 140.53  |            | .16   |
| INDEPENDENT FACILITY   | 101  | 847   |                     | 15,332.66   |            | 18.10   | .006   |           | 151.81  |            | .11   |
| @LABORATORY FACILITY   | 5 <b>,</b> 354   | 17,959  | \$                  | 219,069.76  | \$         | 12.20   | .127   | \$        | 40.92   | \$         | 1.55  |
| PATHOLOGY  | 5 <b>,</b> 353   | 17,957  |                     | 219,001.41  |            | 12.20   | .127   |           | 40.91   |            | 1.55  |
| XO AND OTHERS  | 1  | 2   |                     | 68.35   |            | 34.18   | .000   |           | 68.35   |            | .00   |
| @ORGANIZED OUTPATIENT CLINIC   | 5 <b>,</b> 688   | 14,843  | \$                  | 697,398.20  | \$         | 46.98   | .105   | \$        | 122.61  | \$         | 4.94  |
| CLINIC   | 3 <b>,</b> 368   | 10,404  |                     | 216,139.91  |            | 20.77   | .074   |           | 64.17   |            | 1.53  |
| SURGICENTER  | 123  | 680   |                     | 23,899.69   |            | 35.15   | .005   |           | 194.31  |            | .17   |
| HEROIN DETOX CLINIC  | 15   | 195   |                     | 2,091.68  |            | 10.73   | .001   |           | 139.45  |            | .01   |
|  |  | 100   |                     | 2,001.00  |            |   | • 0 0 ±  |           | 139.43  |            |   |
| RURAL HEALTH CLINIC  | 2,191  | 3,564   |                     | 455,266.92  |            | 127.74  | .025   |           | 207.79  |            | 3.22  |
|  | 2,191  | 3,564<br>CES AND EXPENDITU  | JRES M              |   | EPORT      | 127.74  | .025   | DEC       | 207.79  | P.         |   |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV   | 2,191<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE   | 3,564<br>CES AND EXPENDITU<br>E/DENTAL  |                     | 455,266.92  | EPORT      | 127.74  | .025   | DEC       | 207.79  | PA         | 3.22<br>AGE 10,648  |
| RURAL HEALTH CLINIC<br>#CALIF DEPT OF HEALTH SERV<br>MOP024<br>SACRAMENTO COUNTY   | 2,191<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE   | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC   | C ASSI              | 455,266.92<br>ONTH-OF-PAYMENT RE  |            | 127.74<br>FOR JAN   | .025<br>2004 THRU  | ONT       | 207.79<br>2004<br>CHLY AVERA  |            | 3.22<br>AGE 10,648<br>03/14/05  |
| RURAL HEALTH CLINIC<br>#CALIF DEPT OF HEALTH SERV<br>MOP024  | 2,191<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE   | 3,564<br>CES AND EXPENDITU<br>E/DENTAL  | C ASSI              | 455,266.92<br>ONTH-OF-PAYMENT RE  | AVE        | 127.74<br>FOR JAN   | .025<br>2004 THRU<br>M<br>UNITS/DAY  | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER  | .GE -      | 3.22<br>AGE 10,648<br>03/14/05  |
| RURAL HEALTH CLINIC<br>#CALIF DEPT OF HEALTH SERV<br>MOP024<br>SACRAMENTO COUNTY   | 2,191<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS   | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR  | C ASSI              | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES  | AVE        | 127.74 FOR JAN  RAGE COST UNIT/DAY  | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG  | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER  | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br><br>COST PER<br>ELIGIBLE  |
| RURAL HEALTH CLINIC<br>#CALIF DEPT OF HEALTH SERV<br>MOP024<br>SACRAMENTO COUNTY   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 47,479  | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 340,483  | C ASSI              | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 3,387,149.15   | AVE        | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95  | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410   | IONT<br>S | 207.79<br>2 2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br><br>COST PER<br>ELIGIBLE<br>23.97   |
| RURAL HEALTH CLINIC<br>#CALIF DEPT OF HEALTH SERV<br>MOP024<br>SACRAMENTO COUNTY<br>141,292 ELIGIBLES  | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  47,479 411  | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR  | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 3,387,149.15 115,641.60  | AVE<br>PER | 127.74<br>FOR JAN:<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24  | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015   | IONT<br>S | 207.79<br>2 2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br><br>COST PER<br>ELIGIBLE<br>23.97<br>.82  |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  141,292 ELIGIBLES @ALL OTHER PROVIDERS  | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0   | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0  | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 3,387,149.15 115,641.60 .00  | AVE<br>PER | 127.74<br>FOR JAN:<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410   | IONT<br>S | 207.79<br>2 2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00  | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br><br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00   |
| RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  47,479 411 0 1  | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1  | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 3,387,149.15 115,641.60 .00 25.00  | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.000   | IONT<br>S | 207.79<br>2 2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br><br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00  |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  47,479 411 0 1 975  | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825   | E ASSI:<br>EE<br>RE | 455,266.92<br>ONTH-OF-PAYMENT RE<br>STANCE - FAMILIES<br>EXPENDITURES<br>3,387,149.15<br>115,641.60<br>.00<br>25.00<br>143,372.45   | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32  | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.000   | IONT<br>S | 207.79<br>2 2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br>  |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968   | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608   | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES EXPENDITURES 3,387,149.15 115,641.60 .00 25.00  | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.000<br>.055<br>.054   | IONT<br>S | 207.79<br>2 2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br><br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00  |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10  | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183   | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 00 25.00 143,372.45 123,994.31 997.42  | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30<br>5.45   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.055<br>.054   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74  | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00<br>1.01<br>.88   |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23   | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34  | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 00 25.00 143,372.45 123,994.31 997.42 18,380.72  | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30<br>5.45<br>540.61   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.000<br>.055<br>.054   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16  | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00<br>1.01<br>.88<br>.01                                    |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10                                      | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19   | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74  | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30<br>5.45<br>540.61<br>18.62                                      | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.000<br>.055<br>.054<br>.001<br>.000   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00<br>1.01<br>.88   |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER SERVICES  | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10 4                                    | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43  | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38   | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30<br>5.45<br>540.61<br>18.62<br>69.82                             | .025<br>2004 THRU<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.055<br>.054<br>.001  | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00<br>1.01<br>.88<br>.01<br>.13                             |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10                                      | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641                                    | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00   | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30<br>5.45<br>540.61<br>18.62<br>69.82<br>104.89                   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.054<br>.001<br>.000<br>.000   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00<br>1.01<br>.88<br>.01<br>.13                             |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10 4 639 44                             | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217                                | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16   | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30<br>5.45<br>540.61<br>18.62<br>69.82<br>104.89<br>103.06         | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.054<br>.001<br>.000<br>.000<br>.000   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28   | .GE -<br>( | 3.22<br>AGE 10,648<br>03/14/05<br>COST PER<br>ELIGIBLE<br>23.97<br>.82<br>.00<br>.00<br>1.01<br>.88<br>.01<br>.13<br>.00<br>.02<br>.48<br>.16 |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10 4 639 44 2                           | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124                            | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70  | AVE<br>PER | 127.74<br>FOR JAN :<br>RAGE COST<br>UNIT/DAY<br>9.95<br>54.24<br>.00<br>25.00<br>18.32<br>16.30<br>5.45<br>540.61<br>18.62<br>69.82<br>104.89<br>103.06<br>2.80 | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.054<br>.001<br>.000<br>.000   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35   | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00  |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10 4 639 44 2 7,841                     | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124 16,457                     | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34   | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.054<br>.001<br>.000<br>.000<br>.000   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23                                      | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01                                       |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP  OCCUPATIONAL THERAPIST   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10 4 639 44 2                           | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124                            | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34 1,954.50                                    | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69 14.06                                       | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.054<br>.001<br>.000<br>.000<br>.000<br>.005<br>.005<br>.001                 | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23<br>114.97                            | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01 .01                                   |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP  OCCUPATIONAL THERAPIST  OPTICIAN  PHYSICAL THERAPIST  PORTABLE X-RAY                                       | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10 4 639 44 2 7,841 17 0                | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124 16,457 139 0               | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34 1,954.50 .00                                | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69 14.06 .00                                   | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.054<br>.001<br>.000<br>.000<br>.005<br>.005<br>.002<br>.001<br>.116<br>.001 | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23<br>114.97                            | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01 .01 .00                               |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP  OCCUPATIONAL THERAPIST  OPTICIAN  PHYSICAL THERAPIST  PORTABLE X-RAY  PROSTHETIST/ORTHOTISTS                | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 47,479 411 0 1 975 968 10 23 10 4 639 44 2 7,841 17 0 50             | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124 16,457 139 0 112           | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE  STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34 1,954.50 .00 20,511.46                     | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69 14.06 .00 183.14                            | .025 2004 THRU  M UNITS/DAY PER ELIG 2.410 .015 .000 .005 .054 .001 .000 .005 .005 .002 .001 .116 .001 .000 .001   | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23<br>114.97<br>.00<br>410.23           | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01 .01 .00 .15                           |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP  OCCUPATIONAL THERAPIST  OPTICIAN  PHYSICAL THERAPIST  PORTABLE X-RAY  PROSTHETICS                          | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  47,479 411 0 1 975 968 10 23 10 4 639 44 2 7,841 17 0 50 50         | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124 16,457 139 0 112 112       | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 .00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34 1,954.50 .00 20,511.46 20,511.46            | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69 14.06 .00 183.14 183.14                     | .025<br>2004 THRU<br>M<br>UNITS/DAY<br>PER ELIG<br>2.410<br>.015<br>.000<br>.005<br>.054<br>.001<br>.000<br>.000<br>.000<br>.000<br>.000<br>.000<br>.001<br>.001 | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23<br>114.97<br>.00<br>410.23<br>410.23 | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01 .01 .01 .01 .01 .01                   |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS                                   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  47,479 411 0 1 975 968 10 23 10 4 639 44 2 7,841 17 0 50 50 0       | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124 16,457 139 0 112 112 0     | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34 1,954.50 00 20,511.46 20,511.46              | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69 14.06 .00 183.14 183.14                     | .025 2004 THRU  M UNITS/DAY PER ELIG 2.410 .015 .000 .005 .054 .001 .000 .000 .005 .002 .001 .116 .001 .000 .001 .000 .001 .000                                  | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23<br>114.97<br>.00<br>410.23<br>410.23 | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01 .01 .01 .01 .01 .01 .00 .15 .15 .00   |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV  MOP024  SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK  HEARING AID DISPENSERS  MEDICAL TRANSPORTATION  AMBULANCES/AIR TRANS  OTHER TRANS  OTHER TRANS  OTHER SERVICES  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP  OCCUPATIONAL THERAPIST  OPTICIAN  PHYSICAL THERAPIST  PORTABLE X-RAY  PROSTHETICS  ORTHOTICS  PSYCHOLOGIST | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  47,479 411 0 1 975 968 10 23 10 4 639 44 2 7,841 17 0 50 50 50 0 58 | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124 16,457 139 0 112 112 0 379 | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34 1,954.50 00 20,511.46 20,511.46 00 20,208.12 | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69 14.06 .00 183.14 183.14 .00 53.32           | .025 2004 THRU  M UNITS/DAY PER ELIG 2.410 .015 .000 .005 .054 .001 .000 .000 .005 .002 .001 .116 .001 .000 .001 .000 .001 .000 .001                             | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23<br>114.97<br>.00<br>410.23<br>410.23 | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01 .01 .01 .01 .01 .01 .01 .01           |
| RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  141,292 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS                                   | 2,191 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  47,479 411 0 1 975 968 10 23 10 4 639 44 2 7,841 17 0 50 50 0       | 3,564 CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 340,483 2,132 0 1 7,825 7,608 183 34 19 43 641 217 124 16,457 139 0 112 112 0     | E ASSI:<br>EE<br>RE | 455,266.92 ONTH-OF-PAYMENT RE STANCE - FAMILIES  EXPENDITURES  3,387,149.15 115,641.60 00 25.00 143,372.45 123,994.31 997.42 18,380.72 353.74 3,002.38 67,233.00 22,364.16 346.70 142,956.34 1,954.50 00 20,511.46 20,511.46              | AVE<br>PER | 127.74 FOR JAN  RAGE COST UNIT/DAY 9.95 54.24 .00 25.00 18.32 16.30 5.45 540.61 18.62 69.82 104.89 103.06 2.80 8.69 14.06 .00 183.14 183.14                     | .025 2004 THRU  M UNITS/DAY PER ELIG 2.410 .015 .000 .005 .054 .001 .000 .000 .005 .002 .001 .116 .001 .000 .001 .000 .001 .000                                  | IONT<br>S | 207.79<br>2004<br>CHLY AVERA<br>COST PER<br>USER<br>71.34<br>281.37<br>.00<br>25.00<br>147.05<br>128.09<br>99.74<br>799.16<br>35.37<br>750.60<br>105.22<br>508.28<br>173.35<br>18.23<br>114.97<br>.00<br>410.23<br>410.23 | .GE -<br>( | 3.22 AGE 10,648 03/14/05  COST PER ELIGIBLE 23.97 .82 .00 .00 1.01 .88 .01 .13 .00 .02 .48 .16 .00 1.01 .01 .01 .01 .01 .01 .00 .15 .15 .00   |

| HOSPICE SERVICES              | 0               | 0               | .00                 | .00         | .000  | .00        | .00         |
|-------------------------------|-----------------|-----------------|---------------------|-------------|-------|------------|-------------|
| NONINST BIRTHING CENTERS      | 2               | 2               | 2,213.36            | 1106.68     | .000  | 1106.68    | .02         |
| LOCAL EDUCATION AGENCIES      | 37 <b>,</b> 355 | 262,316         | 2,668,856.47        | 10.17       | 1.857 | 71.45      | 18.89       |
| EPSDT SUPPLEMENTAL SERVICE    | 35              | 3,437           | 100,119.00          | 29.13       | .024  | 2860.54    | .71         |
| RESPIRATORY CARE PRACT.       | 0               | 0               | .00                 | .00         | .000  | .00        | .00         |
| PED SUBACUTE REHAB/WEANING    | 0               | 0               | .00                 | .00         | .000  | .00        | .00         |
| ALL OTHER PROVIDERS           | 289             | 45 <b>,</b> 963 | 46,275.86           | 1.01        | .325  | 160.12     | .33         |
| @CALIF. CHILDREN SERVICES*    | 5 <b>,</b> 930  | 127,473         | \$<br>10,734,531.23 | \$<br>84.21 | .902  | \$ 1810.21 | \$<br>75.97 |
| @XOVER EXCLUDING STATE HOSP** | 36              | 173             | \$<br>4,932.11      | \$<br>28.51 | .001  | \$ 137.00  | \$<br>.03   |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,649
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

| SACRAMENTO COUNTT          | SUMMAKI OF SEK | VICES FOR FUBLIC       | ASSI | STANCE - TOTAL    |                | MO     | NTHLY AVER | ۸۲۳ |          |
|----------------------------|----------------|------------------------|------|-------------------|----------------|--------|------------|-----|----------|
| 707,001 ELIGIBLES          | USERS          | UNITS OF SERVICE       |      | EXPENDITURES      | AVERAGE COST   |        |            | _   | COST PER |
| 707,001 EDIGIBLES          | CALCO          | OR DAYS OF CAR         |      | EXPENDITORES      | PER UNIT/DAY   |        | USER       |     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 572,948        | 24,862,666             | \$   | 311,879,900.13    | \$ 12.54       | 35.166 |            |     | 441.13   |
| @PHYSICIANS SERVICES       | 180,916        | 584,405                | \$   |                   | \$ 37.01       | .827   |            |     | 30.59    |
| OUTPATIENT VISITS          | 105,302        | 148,626                | ٧    |                   | 35.41          | .210   | 49.98      |     | 7.44     |
| OFFICE VISITS              | 80,952         | 109,728                |      |                   | 31.07          | .155   | 42.12      |     | 4.82     |
|                            | 363            | 439                    |      |                   | 34.80          | .133   | 42.12      |     | .02      |
| HOME VISITS                |                |                        |      | 15,277.13         | 34.80          | .001   | 42.09      |     | 1 02     |
| EMERGENCY ROOM             | 17,380         | 20,831                 |      | 1,291,829.12      | 62.01<br>46.44 | .029   | 74.33      |     | 1.83     |
| PREVENTIVE CARE            | 78             | 78                     |      | 3,622.21          |                |        | 46.44      |     | .01      |
| OB VISITS/COMPRE PERI      | 1,410          | 3,441                  |      | 1,0,201.03        | 0 = . , ,      |        | 126.39     |     | .25      |
| OTHER OUTPATIENT           | 11,404         | 14,109                 |      |                   | 25.86          | .020   | 31.99      |     | .52      |
| INPATIENT VISITS           | 9,115          | 48,560                 |      | 2,990,439.78      | 61.58          | .069   | 328.08     |     | 4.23     |
| HOSPITAL VISITS            | 7 <b>,</b> 531 | 38,364                 |      | 1,685,798.65      | 43.94          | .054   | 223.85     |     | 2.38     |
| CRITICAL CARE              | 1,268          | 7,960                  |      | 1,233,357.67      | 154.94         | .011   | 972.68     |     | 1.74     |
| SNF/ICF/TRANS IP CARE      | 1,226          | 2,236                  |      | 71,283.46         | 31.88          | .003   | 58.14      |     | .10      |
| OPHTHALMOLOGICAL SERVICES  | 2,982          | 3 <b>,</b> 848         |      | 147,284.73        | 38.28          | .005   | 49.39      |     | .21      |
| EXAMINATIONS               | 2,727          | 3 <b>,</b> 586         |      | 141,851.77        | 39.56          | .005   | 52.02      |     | .20      |
| SERVICES AND MATERIALS     | 262            | 262                    |      | 5 <b>,</b> 432.96 | 20.74          | .000   | 20.74      |     | .01      |
| INPATIENT HOSPITAL SURGERY | 4,228          | 25 <b>,</b> 138        |      | 2,435,216.50      | 96.87          | .036   | 575.97     |     | 3.44     |
| PRINCIPAL SURGEON          | 3,036          | 4,709                  |      | 1,838,358.10      | 390.39         | .007   | 605.52     |     | 2.60     |
| ASSISTANT SURGEON          | 413            | 451                    |      | 100,598.56        | 223.06         | .001   | 243.58     |     | .14      |
| ANESTHESIOLOGIST           | 1,756          | 19 <b>,</b> 978        |      | 496,259.84        | 24.84          | .028   | 282.61     |     | .70      |
| OUTPATIENT SURGERY         | 8,751          | 20,259                 |      | 1,848,523.81      | 91.24          | .029   | 211.24     |     | 2.61     |
| PRINCIPAL SURGEON          | 7,383          | 9,481                  |      | 1,527,773.60      | 161.14         | .013   | 206.93     |     | 2.16     |
| ASSISTANT SURGEON          | 65             | 65                     |      | 11,081.84         | 170.49         | .000   | 170.49     |     | .02      |
| ANESTHESIOLOGIST           | 1,971          | 10,713                 |      | 309,668.37        | 28.91          | .015   | 157.11     |     | . 44     |
| DIALYSIS                   | 997            | 4,012                  |      | 314,203.26        | 78.32          | .006   | 315.15     |     | .44      |
| PATHOLOGY                  | 13,880         | 29,020                 |      | 381,136.60        | 13.13          | .041   | 27.46      |     | .54      |
| RADIOLOGY                  | 31,003         | 63,545                 |      | 3,058,767.96      | 48.14          | .090   | 98.66      |     | 4.33     |
| PSYCHIATRY                 | 71             | . 84                   |      | 4,099.34          | 48.80          | .000   | 57.74      |     | .01      |
| IMMUNIZATION AND INJECTION | 4,762          | 29,947                 |      | 916,253.31        | 30.60          | .042   | 192.41     |     | 1.30     |
| OTHER SERVICES/ALL X-OVERS | 70,961         | 211,366                |      | 4,270,692.49      | 20.21          | .299   | 60.18      |     | 6.04     |
| @PHARMACY                  | 394,137        | 10,512,498             | Ś    | 147,104,884.28    | \$ 13.99       | 14.869 |            |     | 208.07   |
| PRESCRIPTION DRUGS         | 387,775        | 1,742,143              | 7    |                   | 79.30          | 2.464  | 356.29     |     | 195.42   |
| SNF/ICF                    | 9,163          | 59,103                 |      | , ,               | 78.88          | .084   | 508.82     |     | 6.59     |
| OUTPATIENTS                | 381,424        |                        |      | 133,496,411.57    | 79.32          | 2.381  | 349.99     |     | 188.82   |
| MEDICAL SUPPLIES           | 40,484         | 1,683,040<br>8,770,355 |      | 8,946,142.96      |                | 12.405 | 220.98     |     | 12.65    |
| @DENTIST                   | 37,891         | 185,319                | Ś    | 6,293,414.93      | \$ 33.96       | .262   |            |     |          |
|                            | 25,585         | 123,012                | 4    |                   | 12.04          |        | 57.89      |     | 2.10     |
| ORAL SURGERY               | 6,597          |                        |      |                   | 51.04          | .023   | 124.58     |     | 1.16     |
| OLVUT DOLOGEVI             | 0,397          | 10,101                 |      | 021,040.33        | J1.U4          | .043   | 124.30     |     | 1.10     |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| DRUGS                      | 136             | 155                 | 2,930.0            |                | .000         | 21.54       | .00         |
|----------------------------|-----------------|---------------------|--------------------|----------------|--------------|-------------|-------------|
| ANESTHESIA                 | 60              | 63                  | 4,600.0            |                | .000         | 76.67       | .01         |
| PERIODONTICS               | 2,029           | 2,222               | 236,105.1          |                | .003         | 116.37      | .33         |
| ENDODONTICS                | 2,194           | 3,306               | 662,412.8          |                | .005         | 301.92      | .94         |
| RESTORATIVE DENTISTRY      | 10,029          | 24 <b>,</b> 836     | 1,513,497.7        |                | .035         | 150.91      | 2.14        |
| PROSTHETICS                | 419             | 449                 | 13,954.0           |                | .001         | 33.30       | .02         |
| DENTURES, STAYPLATES       | 4,426           | 13,023              | 1,504,991.4        | 0 115.56       | .018         | 340.03      | 2.13        |
| SPACE MAINTAINERS          | 84              | 123                 | 10,364.0           | 0 84.26        | .000         | 123.38      | .01         |
| MAXILLOFACIAL SERVICES     | 28              | 32                  | 2,284.6            | 6 71.40        | .000         | 81.60       | .00         |
| FRACTURES, DISLOCATIONS    | 2               | 2                   | 140.0              | 0 70.00        | .000         | 70.00       | .00         |
| ORTHODONTIC SERVICES       | 547             | 798                 | 36,168.7           | 5 45.32        | .001         | 66.12       | .05         |
| ALL OTHER SERVICES         | 919             | 1,197               | 2,900.0            | 0 2.42         | .002         | 3.16        | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | CES AND EXPENDITURE | S MONTH-OF-PAYMENT | REPORT FOR JAN | 2004 THRU I  | DEC 2004    | PAGE 10,650 |
| MOP024                     | FEE-FOR-SERVICE | E/DENTAL            |                    |                |              |             | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERV | ICES FOR PUBLIC A   | SSISTANCE - TOTAL  |                |              |             |             |
|                            |                 |                     |                    |                | MC           | NTHLY AVERA | GE          |
| 707,001 ELIGIBLES          | USERS           | UNITS OF SERVICE    | EXPENDITURE        | S AVERAGE COS  | T UNITS/DAYS | COST PER    | COST PER    |
|                            |                 | OR DAYS OF CARE     |                    | PER UNIT/DA    | Y PER ELIG   | USER        | ELIGIBLE    |
| @OPTOMETRIST               | 13,207          | 40,699              | \$ 851,092.6       | 9 \$ 20.91     | .058         | \$ 64.44    | \$ 1.20     |
| DIAGNOSTIC AND ANC. PROCED | 6,943           | 7 <b>,</b> 559      | 299,494.7          | 1 39.62        | .011         | 43.14       | .42         |
| EYE APPLIANCES             | 10,658          | 32,249              | 525,775.6          | 5 16.30        | .046         | 49.33       | .74         |
| OTHER OPTOMETRIC SERVICES  | 698             | 891                 | 25,822.3           | 3 28.98        | .001         | 36.99       | .04         |
| @CHIROPRACTOR              | 822             | 1,574               | \$ 25,936.0        | 1 \$ 16.48     | .002         | \$ 31.55    | \$ .04      |
| VISITS                     | 799             | 1,527               | 25,335.5           | 6 16.59        | .002         | 31.71       | .04         |
| OTHER SERVICES             | 23              | 47                  | 600.4              | 5 12.78        | .000         | 26.11       | .00         |
| @PODIATRIST                | 7,389           | 11,968              | \$ 196,267.4       | 3 \$ 16.40     | .017         | \$ 26.56    | \$ .28      |
| MEDICINE/INJECTIONS        | 2,453           | 2,711               | 80,667.2           | 7 29.76        | .004         | 32.89       | .11         |
| SURGERY/ANES.              | 202             | 314                 | 11,687.2           | 9 37.22        | .000         | 57.86       | .02         |
| RADIO./PATHOLOGY           | 161             | 213                 | 3,725.5            | 7 17.49        | .000         | 23.14       | .01         |
| OTHER                      | 4,920           | 8,730               | 100,187.3          | 0 11.48        | .012         | 20.36       | .14         |
| @HOME HEALTH AGENCY        | 2,895           | 153,462             | \$ 5,383,254.5     | 7 \$ 35.08     | .217         | \$ 1859.50  | \$ 7.61     |
| NURSE ANESTHESIST          | 193             | 1,700               | \$ 7,082.2         | 8 \$ 4.17      | .002         | \$ 36.70    | \$ .01      |
|                            |                 | •                   | •                  |                |              |             |             |

| NURSE MIDWIFE  | 19                               | 180                                  | ċ      | 5,295.77  | \$     | 29.42                        | .000       | ċ   | 278.72          | ċ  | .01         |
|--|----------------------------------|--------------------------------------|--------|---|--------|------------------------------|------------|-----|-----------------|----|-------------|
| PEDIATRIC NURSE PRACTITIONER   |                                  | 18                                   | ڊ<br>خ | 537.29  | ڊ<br>خ |                              | .000       |     | 31.61           |    | .00         |
|  |                                  |                                      | ې<br>د | 01 440 57   | ې<br>د |                              |            |     |                 |    |             |
|  | 1,031                            | 2,711                                | ۶      | 537.29<br>61,449.57<br>68,679,101.11<br>58,628,410.51 | ۶      | 22.67                        | .004       |     | 59.60           |    | .09         |
| @TOTAL HOSPITAL  | 69,907<br>8,762<br>6,996         | 464,724<br>46,022                    | Ş      | 68,6/9,101.11   | Ş      | 147.78                       | .657       | Ş   |                 | Ş  | 97.14       |
| HOSP INPATIENT TOTAL   | 8,762                            | 46,022                               |        | 58,628,410.51   |        | 1273.92                      | .065       |     | 6691.21         |    | 82.93       |
| HSC HOSPITALS  | 6,996                            | 41,431                               |        | 53,022,821.47   |        | 1277.75<br>964.44<br>466.86  | .059       |     | 7579.02         |    | 75.00       |
| NON-HSC HOSPITAL TOTAL   | 623                              | 4,525                                |        | 4,364,107.03  |        | 964.44                       | .006       |     | 7004.99         |    | 6.17        |
| ACCOMMODATIONS   | 621                              | 4,525                                |        | 2,112,558.48  |        | 466.86                       | .006       |     | 3401.87         |    | 2.99        |
| ADMINISTRATIVE DAYS  | 22                               | 207                                  |        | 42,697.87   |        | 206.27                       | .000       |     | 1940.81         |    | .06         |
| TRANSITIONAL IP CARE   | 0                                | 0                                    |        | .00   |        | .00                          | .000       |     | .00             |    | .00         |
| ALL OTHER ACCOM  | 599                              | 4,318                                |        | 2,069,860.61  |        | 479.36                       | .006       |     | 3455.53         |    | 2.93        |
| NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES | 610                              | Ω                                    |        | 2 251 548 55  |        | .00                          | .000       |     | 3691.06         |    | 3.18        |
| INPATIENT CROSSOVERS   | 1 348                            | 0                                    |        | 1,241,482.01<br>.00<br>10,050,690.60                  |        | .00                          | .000       |     | 920.98          |    | 1.76        |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL                                     | 1,510                            | 0                                    |        | 1,211,102.01  |        | .00                          | .000       |     | .00             |    | .00         |
| HOSP OUTPATIENT TOTAL  | 63 020                           | 410 702                              |        | 10 050 600 60   |        | 24.00                        | .592       |     | 157.24          |    | 14.22       |
| MEDICAL  | 10,447                           | 410,702                              |        | 10,030,690.60   |        |                              |            |     | 137.24          |    |             |
|  | 14, 11,                          | 20,068<br>4,308                      |        | 000,002.01  |        | 43.03                        | .028       |     | 69.38           |    | 1.22        |
| SURGERY  | 3,762                            | 4,308                                |        | 199,273.81  |        | 46.26                        | .006       |     | 52.97           |    | .28         |
| PATHOLOGY  | 20,662                           | 139,887                              |        | 1,152,188.59  |        | 8.24<br>90.14<br>38.01       | .198       |     | 55.76<br>147.82 |    | 1.63        |
| RADIOLOGY  | 13,113                           | 21,504<br>47,682                     |        | 1,938,427.99  |        | 90.14                        | .030       |     | 147.82          |    | 2.74        |
| ROOM USE   | 33,331                           | 47 <b>,</b> 682                      |        | 1,812,535.63  |        | 38.01                        | .067       |     | 54.38           |    | 2.56        |
| CROSSOVERS/ALL OTH OUTPINT   | 32 <b>,</b> 301                  | 185 <b>,</b> 253                     |        | 4,084,711.77  |        | 22.05                        | .262       |     | 126.46          |    | 5.78        |
| @COUNTY HOSPITAL TOTAL   | 32,301<br>506                    | 185,253<br>2,233                     | \$     | 373,842.88  | \$     | 22.05<br>167.42              | .003       | \$  | 738.82          | \$ | .53         |
| CO HOSPITAL INPATIENT TOTAL  | 54                               | 299                                  |        | 316,285.84  |        | 1057.81<br>1114.34<br>802.45 | .000       |     | 5857.15         |    | .45         |
| HSC HOSPITALS  | 4.6                              | 0.40                                 |        |   |        | 1114.34                      | .000       |     | 5618.13         |    | .38         |
| NON-HSC HOSPITALS TOTAL  | 8                                | 57                                   |        | 45,739.65   |        | 802.45                       | .000       |     | 5717.46         |    | .06         |
| ACCOMMODATIONS   | 7                                | 5.7                                  |        | 20,884.11   |        | 366.39                       | .000       |     | 2983.44         |    | .03         |
| ADMINISTRATIVE DAYS  | 0                                | 0                                    |        | .00   |        | .00                          | .000       |     | .00             |    | .00         |
| TRANSITIONAL IP CARE   | Û                                | 0                                    |        | 0.0   |        | .00                          | .000       |     | .00             |    | .00         |
| ALL OTHER ACCOM  | 7                                | 57                                   |        | .00<br>20,884.11                                      |        | 366.39                       | .000       |     | 2983.44         |    | .03         |
| ANCILLARIES  | 48<br>8<br>7<br>0<br>0<br>7<br>8 | 242<br>57<br>57<br>0<br>0<br>57<br>0 |        | 24,855.54   |        | .00                          | .000       |     | 3106.94         |    | .04         |
| TNDATTENT CDOCCOVEDC   | 1                                | 0                                    |        | 24,855.54<br>876.00<br>.00                            |        | .00                          | .000       |     | 876.00          |    | .00         |
| INFAILENI CROSSOVERS   | 1                                | 0                                    |        | 870.00  |        |                              |            |     |                 |    |             |
| ALL OTHER INPATIENT  | 1.6.6                            | 1 024                                |        | .00   |        | .00                          | .000       |     | .00             |    | .00         |
| CO HOSP OUTPATIENT TOTAL   | 466                              | 1,934                                |        | 5/,55/.04   |        | 29.76<br>33.83               | .003       |     | 123.51          |    | .08         |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL                                  | 180                              | 235                                  |        | 7,949.61  |        | 33.83                        | .000       |     | 44.16           |    | .01         |
| SURGERY  | 50                               | 74                                   |        | 2,835.08  |        | 38.31                        | .000       |     | 56.70           |    | .00         |
| PATHOLOGY  | 158                              | 695                                  |        | 10,875.77   |        | 15.65<br>84.44               | .001       |     | 68.83           |    | .02         |
| RADIOLOGY  | 71                               | 110                                  |        | 9,288.86  |        | 84.44                        | .000       |     | 130.83          |    | .01         |
| ROOM USE   | 291                              | 390                                  |        | 17,008.71   |        | 43.61                        |            |     | 58.45           |    | .02         |
| CROSSOVERS/ALL OTH OUTPTNT   |                                  | 430                                  |        | 9,599.01  |        | 22.32                        | .001       |     | 45.28           |    | .01         |
|  | MEDI-CAL SERVIC                  | CES AND EXPENDITUR                   | RES I  | MONTH-OF-PAYMENT RE                                   | EPOR   | T FOR JAN                    | 2004 THRU  | DEC | 2004            | E  | PAGE 10,651 |
| MOP024   | FEE-FOR-SERVICE                  | C/DENTAL                             |        |   |        |                              |            |     |                 |    | 03/14/05    |
| SACRAMENTO COUNTY  | SUMMARY OF SERV                  | VICES FOR PUBLIC                     | ASS:   | ISTANCE - TOTAL                                       |        |                              |            |     |                 |    |             |
|  |                                  |                                      |        |   |        |                              | M          | CNT | HLY AVERA       | GE |             |
| 707,001 ELIGIBLES  | USERS                            | UNITS OF SERVICE                     | 3      | EXPENDITURES  | AV     | ERAGE COST                   | UNITS/DAY  | S   | COST PER        |    | COST PER    |
|  |                                  | OR DAYS OF CAR                       |        |   | PΕ     | R UNIT/DAY                   | Y PER ELIG |     | USER            |    | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL  | 69,481                           | 462,491                              | \$     | 68,305,258.23   | Ś      | 147.69                       | .654       | Ś   | 983.08          | Ś  | 96.61       |
| COMM HOSP INPATIENT TOTAL  |                                  |                                      |        |   |        |                              | .065       |     |                 |    |             |
| HSC HOSPITALS  | 6,952                            | 41,255                               |        | 52,753,151.28   |        | 1278.71                      | .058       |     | 7588.20         |    | 74.62       |
| NON-HSC HOSPITALS TOTAL  | 615                              | 4,468                                |        | 4,318,367.38  |        | 966.51                       | .006       |     | 7021.74         |    | 6.11        |
| ACCOMMODATIONS   | 614                              | 4,468                                |        | 2,091,674.37  |        | 468.15                       | .006       |     | 3406.64         |    | 2.96        |
|  |                                  | ·                                    |        | 42,697.87   |        |                              |            |     |                 |    |             |
| ADMINISTRATIVE DAYS  | 22                               | 207                                  |        | •   |        | 206.27                       | .000       |     | 1940.81         |    | .06         |
| TRANSITIONAL IP CARE   | 0                                | 0                                    |        | .00   |        | .00                          | .000       |     | .00             |    | .00         |
| ALL OTHER ACCOM  | 592                              | 4,261                                |        | 2,048,976.50  |        | 480.87                       | .006       |     | 3461.11         |    | 2.90        |
| ANCILLARIES  | 602                              | 0                                    |        | 2,226,693.01  |        | .00                          | .000       |     | 3698.83         |    | 3.15        |
| INPATIENT CROSSOVERS   | 1,347                            | 0                                    |        | 1,240,606.01  |        | .00                          | .000       |     | 921.01          |    | 1.75        |
| ALL OTHER INPATIENT  | 0                                | 0                                    |        | .00   |        | .00                          | .000       |     | .00             |    | .00         |
|  |                                  |                                      |        |   |        |                              |            |     |                 |    |             |

| COMM HOSP OUTPATIENT TOTAL   | 63,520          | 416,768         |        | 9,993,133.56       |       | 23.98      | .589      |      | 157.32    |      | 14.13      |
|------------------------------|-----------------|-----------------|--------|--------------------|-------|------------|-----------|------|-----------|------|------------|
| MEDICAL                      | 12,274          | 19,833          |        | 855,603.20         |       | 43.14      | .028      |      | 69.71     |      | 1.21       |
| SURGERY                      | 3,712           | 4,234           |        | 196,438.73         |       | 46.40      | .006      |      | 52.92     |      | .28        |
| PATHOLOGY                    | 20,521          | 139,192         |        | 1,141,312.82       |       | 8.20       | .197      |      | 55.62     |      | 1.61       |
| RADIOLOGY                    | 13,045          | 21,394          |        | 1,929,139.13       |       | 90.17      | .030      |      | 147.88    |      | 2.73       |
| ROOM USE                     | 33,071          | 47,292          |        | 1,795,526.92       |       | 37.97      | .067      |      | 54.29     |      | 2.54       |
| CROSSOVERS/ALL OTH OUTPTNT   |                 | 184,823         |        | 4,075,112.76       |       | 22.05      | .261      |      | 126.91    |      | 5.76       |
| @STATE HOSPITAL              | . 19            | 775             | \$     | 482,966.79         | \$    | 623.18     | .001      | \$ 2 | 25419.30  | \$   | .68        |
| MENTALLY ILL                 | 2               | 62              |        | 27,334.77          |       | 440.88     | .000      |      | 13667.39  |      | .04        |
| DEVELOP. DISABLED            | 17              | 713             |        | 455,632.02         |       | 639.04     | .001      | ,    | 26801.88  |      | .64        |
| @NURSING FACILITY            | 5,233           | 133,994         | \$     | 20,010,551.87      | \$    | 149.34     | .190      |      | 3823.92   | \$   | 28.30      |
| LEV A-INTERMEDIATE           | . 80            | 2,407           |        | 197,324.91         |       | 81.98      | .003      |      | 2466.56   |      | .28        |
| LEV B-REHAB MD               | 101             | 3,065           |        | 381,493.25         |       | 124.47     | .004      |      | 3777.16   |      | .54        |
| LEV B-SUBACUTE FREESTANDING  | 23              | 683             |        | 404,003.54         |       | 591.51     | .001      |      | 17565.37  |      | .57        |
| LEV B-SUBACUTE HSPTL BASED   | 105             | 3,052           |        | 1,724,444.63       |       | 565.02     | .004      |      | 16423.28  |      | 2.44       |
| LEV B-TRANSITIONAL IP CARE   | 0               | . 0             |        | .00                |       | .00        | .000      |      | .00       |      | .00        |
| LEV B-REGULAR                | 4,933           | 124,787         |        | 17,303,285.54      |       | 138.66     | .177      |      | 3507.66   |      | 24.47      |
| @INTERMEDIATE CARE FACILDD   | 688             | 20,463          | \$     | 3,303,943.44       | \$    | 161.46     | .029      | \$   | 4802.24   | \$   | 4.67       |
| ICF DDH                      | 394             | 11,937          |        | 2,022,824.09       |       | 169.46     | .017      |      | 5134.07   |      | 2.86       |
| ICF DD                       | 265             | 7,730           |        | 1,112,704.81       |       | 143.95     | .011      |      | 4198.89   |      | 1.57       |
| ICF DDN/DDCN                 | 29              | 796             |        | 168,414.54         |       | 211.58     | .001      |      | 5807.40   |      | .24        |
| @HEMODIALYSIS TOTAL          | 4,528           | 144,425         | \$     | 6,185,872.57       | \$    | 42.83      |           | \$   | 1366.14   | \$   | 8.75       |
| HOSPITAL BASED               | 115             | 2,070           |        | 395,549.32         |       | 191.09     | .003      |      | 3439.56   | ·    | .56        |
| HEMODIALYSIS CENTER          | 4,416           | 142,355         |        | 5,790,323.25       |       | 40.68      | .201      |      | 1311.21   |      | 8.19       |
| @REHABILITATION FACILITY     | 2,131           | 15,854          | \$     | 324,440.83         | \$    | 20.46      |           | \$   | 152.25    | \$   | .46        |
| HOSPITAL BASED               | 856             | 3,158           |        | 93,142.59          |       | 29.49      | .004      |      | 108.81    | ·    | .13        |
| INDEPENDENT FACILITY         | 1,287           | 12,696          |        | 231,298.24         |       | 18.22      | .018      |      | 179.72    |      | .33        |
| @LABORATORY FACILITY         | 33,225          | 142,685         | \$     | 1,592,924.22       | \$    | 11.16      | .202      | \$   | 47.94     | \$   | 2.25       |
| PATHOLOGY                    | 32,749          | 141,360         |        | 1,580,388.36       |       | 11.18      | .200      |      | 48.26     | ·    | 2.24       |
| XO AND OTHERS                | 483             | 1,325           |        | 12,535.86          |       | 9.46       | .002      |      | 25.95     |      | .02        |
| @ORGANIZED OUTPATIENT CLINIC | 16,108          | 43,791          |        | 1,961,946.99       | \$    |            |           | \$   |           | \$   | 2.78       |
| CLINIC                       | 9 <b>,</b> 530  | 27 <b>,</b> 979 |        | 611,075.83         |       | 21.84      | .040      |      | 64.12     | ·    | .86        |
| SURGICENTER                  | 1,539           | 6,869           |        | 304,718.90         |       | 44.36      | .010      |      | 198.00    |      | .43        |
| HEROIN DETOX CLINIC          | 57              | 702             |        | 7,323.41           |       | 10.43      | .001      |      | 128.48    |      | .01        |
| RURAL HEALTH CLINIC          | 5,031           | 8,241           |        | 1,038,828.85       |       | 126.06     | .012      |      | 206.49    |      | 1.47       |
|                              |                 |                 | URES M | MONTH-OF-PAYMENT R | EPOR: |            |           | DEC  |           | PF   | AGE 10,652 |
| MOP024                       | FEE-FOR-SERVICE | E/DENTAL        |        |                    |       |            |           |      |           |      | 03/14/05   |
| SACRAMENTO COUNTY            |                 | ICES FOR PUBLI  | C ASSI | STANCE - TOTAL     |       |            |           |      |           |      |            |
|                              |                 |                 |        |                    |       |            | M         | ONTI | HLY AVERA | GE - |            |
| 707,001 ELIGIBLES            | USERS           | UNITS OF SERVI  | CE     | EXPENDITURES       | AVI   | ERAGE COST | UNITS/DAY | S (  | COST PER  | (    | COST PER   |

| 707 001 DITGIDIDG              | HORDO          | INTEG OF CERTICE | DADDNIDIENDO       | ATTERNACE COOR | IINITEG /DAMG | GOOM DED | COOM DED |
|--------------------------------|----------------|------------------|--------------------|----------------|---------------|----------|----------|
| 707,001 ELIGIBLES              | USERS          | UNITS OF SERVICE | EXPENDITURES       | AVERAGE COST   | UNITS/DAYS    | COST PER | COST PER |
|                                |                | OR DAYS OF CARE  |                    | PER UNIT/DAY   | PER ELIG      | USER     | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 135,162        | 12,401,421 \$    | 27,779,013.29      | \$ 2.24        | 17.541 \$     | 205.52   | \$ 39.29 |
| DURABLE MED. EQUIP.            | 6 <b>,</b> 547 | 25 <b>,</b> 726  | 3,418,865.92       | 132.90         | .036          | 522.20   | 4.84     |
| BLOOD BANK                     | 0              | 0                | .00                | .00            | .000          | .00      | .00      |
| HEARING AID DISPENSERS         | 199            | 249              | 67 <b>,</b> 825.47 | 272.39         | .000          | 340.83   | .10      |
| MEDICAL TRANSPORTATION         | 15,002         | 783 <b>,</b> 899 | 3,612,901.88       | 4.61           | 1.109         | 240.83   | 5.11     |
| AMBULANCES/AIR TRANS           | 8,941          | 66 <b>,</b> 549  | 1,215,658.10       | 18.27          | .094          | 135.96   | 1.72     |
| OTHER TRANS                    | 5 <b>,</b> 379 | 709 <b>,</b> 345 | 2,325,322.16       | 3.28           | 1.003         | 432.30   | 3.29     |
| OTHER SERVICES                 | 1,333          | 8,005            | 71,921.62          | 8.98           | .011          | 53.95    | .10      |
| ACUPUNCTURE                    | 4,411          | 10,144           | 178,054.23         | 17.55          | .014          | 40.37    | .25      |
| ADULT DAY HEALTH CARE CTR      | 5 <b>,</b> 050 | 72 <b>,</b> 891  | 5,032,267.61       | 69.04          | .103          | 996.49   | 7.12     |
| GENETIC DISEASE TESTING        | 740            | 742              | 77,790.00          | 104.84         | .001          | 105.12   | .11      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 3,483          | 87 <b>,</b> 100  | 3,188,747.33       | 36.61          | .123          | 915.52   | 4.51     |
| OCCUPATIONAL THERAPIST         | 111            | 4,306            | 14,372.78          | 3.34           | .006          | 129.48   | .02      |
| OPTICIAN                       | 20,953         | 47 <b>,</b> 262  | 491,105.75         | 10.39          | .067          | 23.44    | .69      |
| PHYSICAL THERAPIST             | 521            | 4,618            | 63,169.14          | 13.68          | .007          | 121.25   | .09      |

| PORTABLE X-RAY                | 327             | 665              | 8 <b>,</b> 958.05   | 13.47       | .001   | 27.39         | .01         |
|-------------------------------|-----------------|------------------|---------------------|-------------|--------|---------------|-------------|
| PROSTHETIST/ORTHOTISTS        | 760             | 2,647            | 278,732.17          | 105.30      | .004   | 366.75        | .39         |
| PROSTHETICS                   | 757             | 2,643            | 278,398.59          | 105.33      | .004   | 367.77        | .39         |
| ORTHOTICS                     | 4               | 4                | 333.58              | 83.40       | .000   | 83.40         | .00         |
| PSYCHOLOGIST                  | 162             | 583              | 26,351.68           | 45.20       | .001   | 162.66        | .04         |
| SPEECH AND AUDIOLOGY          | 5,155           | 20,627           | 969,006.25          | 46.98       | .029   | 187.97        | 1.37        |
| HOSPICE SERVICES              | 391             | 10,267           | 1,368,723.89        | 133.31      | .015   | 3500.57       | 1.94        |
| NONINST BIRTHING CENTERS      | 3               | 3                | 3,320.04            | 1106.68     | .000   | 1106.68       | .00         |
| LOCAL EDUCATION AGENCIES      | 52 <b>,</b> 789 | 715 <b>,</b> 520 | 5,849,436.89        | 8.18        | 1.012  | 110.81        | 8.27        |
| EPSDT SUPPLEMENTAL SERVICE    | 142             | 11,674           | 341,479.53          | 29.25       | .017   | 2404.79       | .48         |
| RESPIRATORY CARE PRACT.       | 0               | 0                | .00                 | .00         | .000   | .00           | .00         |
| PED SUBACUTE REHAB/WEANING    | 0               | 0                | .00                 | .00         | .000   | .00           | .00         |
| ALL OTHER PROVIDERS           | 27,310          | 10,602,498       | 2,787,904.68        | .26         | 14.996 | 102.08        | 3.94        |
| @CALIF. CHILDREN SERVICES*    | 14,961          | 504,121          | \$<br>27,291,683.60 | \$<br>54.14 | .713   | \$<br>1824.19 | \$<br>38.60 |
| @XOVER EXCLUDING STATE HOSP** | 74,021          | 814,705          | \$<br>9,896,891.84  | \$<br>12.15 | 1.152  | \$<br>133.70  | \$<br>14.00 |
|                               |                 |                  |                     |             |        |               |             |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,653
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

----- MONTHLY AVERAGE -----52,982 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 38,460 1,503,524 \$ 18,171,855.52 \$ 12.09 28.378 \$ 472.49 \$ 342.98 @PHYSICIANS SERVICES 37.12 .642 \$ 125.20 \$ 10,085 34,018 1,262,622.31 \$ 6,268 222,474.65 35.49 50.01 OUTPATIENT VISITS 4,449 .118 45.03 3,984 5**,**537 179,385.77 32.40 .105 3.39 OFFICE VISITS 1 1 HOME VISITS 51.60 51.60 .000 51.60 .00 51.60 .000
73.65 .010
.00 .000
.00 .000
24.43 .004
44.33 .038
42.95 .036
112.14 .001
35.22 .001
39.43 .009
39.82 .009
26.22 .000
107.33 .023 EMERGENCY ROOM 471 512 37,710.63 80.07 .71 0 .00 PREVENTIVE CARE 0 .00 .00 0 OB VISITS/COMPRE PERI 0 .00 .00 5,326.65 30.97 224.79 172 218 OTHER OUTPATIENT .10 1,998 1,907 394 88,566.71 INPATIENT VISITS 1.67 372 81,900.01 220.16 HOSPITAL VISITS CRITICAL CARE 18 45 5,046.40 280.36 .10 28 SNF/ICF/TRANS IP CARE 46 1,620.30 57.87 .03 OPHTHALMOLOGICAL SERVICES 359 480 .009 52.71 18,924.59 466 14 18,557.55 348 53.33 .35 EXAMINATIONS 14 367.04 26.22 131,591.86 107.33 26.22 SERVICES AND MATERIALS .01 202 INPATIENT HOSPITAL SURGERY 1,226 651.44 149 31 73 949 1,297 577 413.83 254.89 23.06 154.30 310.17 101,801.81 413.83 .005 683.23 PRINCIPAL SURGEON ASSISTANT SURGEON 7,901.62 .001 254.89 .15 23.06 299.84 ANESTHESIOLOGIST 21,888.43 .018 .41 528 444 OUTPATIENT SURGERY 200,120.70 .024 379.02 3.78 178,968.14 .011 403.08 PRINCIPAL SURGEON 188.01 27.82 62.19 10.57 46.75 7 7 1,316.10 188.01 188.01 ASSISTANT SURGEON .000 142 713 19,836.46 .013 139.69 ANESTHESIOLOGIST .37 70 389 24,193.09 345.62 DIALYSIS .007 .46 635 1,616 26.89 PATHOLOGY .031 .32 17,077.80 1,648 3,748 175,206.66 106.31 RADIOLOGY .071 3.31 0 0 .00 .00 .000 .00 PSYCHIATRY .00 58,139.92 259 2,201 26.42 .042 224.48 IMMUNIZATION AND INJECTION 326,326.33 22.06 60.45 OTHER SERVICES/ALL X-OVERS 5,398 14,795 .279 6.16 31,000 946,229 7,704,746.20 \$ 8.14 17.859 \$ 248.54 \$ @PHARMACY 145.42 PRESCRIPTION DRUGS 30,400 130,933 7,405,443.71 56.56 2.471 243.60 139.77

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF                    | 1,144              | 7 <b>,</b> 961   |        | 398,761.69        |       | 50.09      | .150      | 348.57       |      | 7.53      |
|----------------------------|--------------------|------------------|--------|-------------------|-------|------------|-----------|--------------|------|-----------|
| OUTPATIENTS                | 29,462             | 122,972          |        | 7,006,682.02      |       | 56.98      | 2.321     | 237.82       |      | 132.25    |
| MEDICAL SUPPLIES           | 3,051              | 815 <b>,</b> 296 |        | 299,302.49        |       | .37        | 15.388    | 98.10        |      | 5.65      |
| @DENTIST                   | 2,125              | 9,396            | \$     | 409,068.15        | \$    | 43.54      | .177      | \$ 192.50    | \$   | 7.72      |
| VISITS - DIAGNOSTIC        | 1,345              | 5,619            |        | 68,275.50         |       | 12.15      | .106      | 50.76        |      | 1.29      |
| ORAL SURGERY               | 425                | 1,369            |        | 63,744.00         |       | 46.56      | .026      | 149.99       |      | 1.20      |
| DRUGS                      | 4                  | 4                |        | 65.00             |       | 16.25      | .000      | 16.25        |      | .00       |
| ANESTHESIA                 | 3                  | 3                |        | 300.00            |       | 100.00     | .000      | 100.00       |      | .01       |
| PERIODONTICS               | 113                | 114              |        | 12,527.60         |       | 109.89     | .002      | 110.86       |      | .24       |
| ENDODONTICS                | 71                 | 99               |        | 21,370.25         |       | 215.86     | .002      | 300.99       |      | .40       |
| RESTORATIVE DENTISTRY      | 368                | 825              |        | 54,792.30         |       | 66.41      | .016      | 148.89       |      | 1.03      |
| PROSTHETICS                | 29                 | 31               |        | 1,058.50          |       | 34.15      | .001      | 36.50        |      | .02       |
| DENTURES, STAYPLATES       | 461                | 1,246            |        | 185,315.00        |       | 148.73     | .024      | 401.98       |      | 3.50      |
| SPACE MAINTAINERS          | 0                  | 0                |        | .00               |       | .00        | .000      | .00          |      | .00       |
| MAXILLOFACIAL SERVICES     | 0                  | 0                |        | .00               |       | .00        | .000      | .00          |      | .00       |
| FRACTURES, DISLOCATIONS    | 1                  | 2                |        | 1,350.00          |       | 675.00     | .000      | 1350.00      |      | .03       |
| ORTHODONTIC SERVICES       | 0                  | 0                |        | .00               |       | .00        | .000      | .00          |      | .00       |
| ALL OTHER SERVICES         | 35                 | 84               |        | 270.00            |       | 3.21       | .002      | 7.71         |      | .01       |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES  | AND EXPENDITU    | RES MO | NTH-OF-PAYMENT RE | EPOR1 | FOR JAN    | 2004 THRU | DEC 2004     | PA   | GE 10,654 |
| MOP024                     | FEE-FOR-SERVICE/DE | NTAL             |        |                   |       |            |           |              |      | 03/14/05  |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICE | S FOR MN - N     | O SOC  | - AGED AID        | CODE  | E 14 1H 1U | 1X        |              |      |           |
|                            |                    |                  |        |                   |       |            | M         | ONTHLY AVERA | GE - |           |

52,982 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 798 2,469 52,575.32 21.29 .047 \$ 65.88 \$ .99 381 410 16,241.70 39.61 42.63 DIAGNOSTIC AND ANC. PROCED .008 .31 638 1,978 33,830.43 17.10 53.03 EYE APPLIANCES .037 .64 55 45.51 81 2,503.19 30.90 .002 .05 OTHER OPTOMETRIC SERVICES 6 9 25.08 \$ @CHIROPRACTOR 150.48 16.72 .000 \$ .00 VISITS 6 9 150.48 16.72 .000 25.08 .00 .00 0 0 OTHER SERVICES .00 .00 .000 .00 517 987 20.32 \$ @PODIATRIST 10,506.78 10.65 .019 \$ .20 50 1,954.46 34.90 39.09 MEDICINE/INJECTIONS 56 .001 .04 3 3 87.41 SURGERY/ANES. 262.22 87.41 .000 .00 2 17.30 34.60 RADIO./PATHOLOGY 34.60 .000 .00 OTHER 467 926 8,255.50 8.92 .017 17.68 .16 70 @HOME HEALTH AGENCY 460 31,859.48 69.26 .009 \$ 455.14 \$ .60 21 121 1,094.64 9.05 .002 \$ 52.13 \$ .02 NURSE ANESTHESIST 7.22 7.22 1 1 7.22 .000 \$ .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER 0 0 .00 .00 .000 .00 15 47 1,393.27 29.64 .001 92.88 .03 FAMILY NURSE PRACTITIONER 2,882 19,795 @TOTAL HOSPITAL 2,894,738.54 146.24 .374 1004.42 \$ 54.64 1,958 2,487,208.91 HOSP INPATIENT TOTAL 449 1270.28 .037 5539.44 46.94 296 1,854 7598.08 HSC HOSPITALS 2,249,031.97 1213.07 .035 42.45 NON-HSC HOSPITAL TOTAL 19 104 107,485.24 1033.51 .002 5657.12 2.03 19 ACCOMMODATIONS 104 33,277.28 319.97 .002 1751.44 .63 ADMINISTRATIVE DAYS 1,399.94CR 174.99CR .000 1399.94CR .03CR 0 0 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM 18 96 34,677.22 361.22 .002 1926.51 .65 19 .00 3905.68 ANCILLARIES 74,207.96 .000 INPATIENT CROSSOVERS 142 130,691.70 .00 920.36 2.47 .000 .00 Ω Ω .00 .00 .000 .00 ALL OTHER INPATIENT 2,519 407,529.63 HOSP OUTPATIENT TOTAL 17,837 22.85 .337 161.78 7.69 465 713 30,851.61 66.35 MEDICAL 43.27 .013 .58 154 163 14,956.34 91.76 97.12 SURGERY .003 .28 PATHOLOGY 4,170 36,328.64 8.71 .079 52.05 .69

| RADIOLOGY                   | 463             | 705                   | 59,374.21          | 84.22           | .013         | 128.24   | 1.12        |
|-----------------------------|-----------------|-----------------------|--------------------|-----------------|--------------|----------|-------------|
| ROOM USE                    | 737             | 1,094                 | 48,898.98          | 44.70           | .021         | 66.35    | .92         |
| CROSSOVERS/ALL OTH OUTPTNT  | 1 <b>,</b> 557  | 10,992                | 217,119.85         | 19.75           | .207         | 139.45   | 4.10        |
| @COUNTY HOSPITAL TOTAL      | 22              | 155 \$                | 17,264.92          | \$ 111.39       | .003 \$      | 784.77   | \$ .33      |
| CO HOSPITAL INPATIENT TOTAL | 2               | 8                     | 13,308.51          | 1663.56         | .000         | 6654.26  | .25         |
| HSC HOSPITALS               | 1               | 4                     | 4,400.00           | 1100.00         | .000         | 4400.00  | .08         |
| NON-HSC HOSPITALS TOTAL     | 1               | 4                     | 8,908.51           | 2227.13         | .000         | 8908.51  | .17         |
| ACCOMMODATIONS              | 1               | 4                     | 2,138.40           | 534.60          | .000         | 2138.40  | .04         |
| ADMINISTRATIVE DAYS         | 0               | 0                     | .00                | .00             | .000         | .00      | .00         |
| TRANSITIONAL IP CARE        | 0               | 0                     | .00                | .00             | .000         | .00      | .00         |
| ALL OTHER ACCOM             | 1               | 4                     | 2,138.40           | 534.60          | .000         | 2138.40  | .04         |
| ANCILLARIES                 | 1               | 0                     | 6,770.11           | .00             | .000         | 6770.11  | .13         |
| INPATIENT CROSSOVERS        | 0               | 0                     | .00                | .00             | .000         | .00      | .00         |
| ALL OTHER INPATIENT         | 0               | 0                     | .00                | .00             | .000         | .00      | .00         |
| CO HOSP OUTPATIENT TOTAL    | 21              | 147                   | 3,956.41           | 26.91           | .003         | 188.40   | .07         |
| MEDICAL                     | 8               | 13                    | 450.68             | 34.67           | .000         | 56.34    | .01         |
| SURGERY                     | 1               | 2                     | 168.64             | 84.32           | .000         | 168.64   | .00         |
| PATHOLOGY                   | 6               | 44                    | 335.40             | 7.62            | .001         | 55.90    | .01         |
| RADIOLOGY                   | 3               | 13                    | 1,170.06           | 90.00           | .000         | 390.02   | .02         |
| ROOM USE                    | 8               | 12                    | 545.49             | 45.46           | .000         | 68.19    | .01         |
| CROSSOVERS/ALL OTH OUTPINT  | 14              | 63                    | 1,286.14           | 20.41           | .001         | 91.87    | .02         |
| #CALIF DEPT OF HEALTH SERV  |                 | ES AND EXPENDITURES M | ONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | C 2004   | PAGE 10,655 |
| MOP024                      | FEE-FOR-SERVICE |                       |                    |                 |              |          | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERV | ICES FOR MN - NO SOC  | - AGED AID         | CODE 14 1H 1U   |              |          |             |
|                             |                 |                       |                    |                 | MON          |          | -           |
| 52,982 ELIGIBLES            | USERS           | UNITS OF SERVICE      | EXPENDITURES       | AVERAGE COST    |              | COST PER | COST PER    |
|                             |                 | OR DAYS OF CARE       |                    | PER UNIT/DAY    |              | USER     | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | 2 <b>,</b> 863  | 19,640 \$             | 2,877,473.62       | \$ 146.51       |              | 1005.06  | •           |
| COMM HOSP INPATIENT TOTAL   | 447             | 1,950                 | 2,473,900.40       | 1268.67         |              | 5534.45  | 46.69       |
| HSC HOSPITALS               | 295             | 1,850                 | 2,244,631.97       | 1213.31         | .035         | 7608.92  | 42.37       |
| NON-HSC HOSPITALS TOTAL     | 18              | 100                   | 98,576.73          | 985.77          |              | 5476.49  | 1.86        |
| ACCOMMODATIONS              | 18              | 100                   | 31,138.88          | 311.39          | .002         | 1729.94  | .59         |

| ADMINISTRATIVE DAYS  | 1               | 8                   |          | 1,399.94CE           | R        | 174.99CR       | .000         | 1399.940       | :R       | .03CR       |
|--|-----------------|---------------------|----------|----------------------|----------|----------------|--------------|----------------|----------|-------------|
| TRANSITIONAL IP CARE   | 0               | 0                   |          | .00                  | -        | .00            | .000         | .00            |          | .00         |
| ALL OTHER ACCOM  | 17              | 92                  |          | 32,538.82            |          | 353.68         | .002         | 1914.05        |          | .61         |
| ANCILLARIES  | 18              | 0                   |          | 67,437.85            |          | .00            | .000         | 3746.55        |          | 1.27        |
| INPATIENT CROSSOVERS   | 142             | 0                   |          | 130,691.70           |          | .00            | .000         | 920.36         |          | 2.47        |
| ALL OTHER INPATIENT  | 0               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| COMM HOSP OUTPATIENT TOTAL   | 2,501           | 17,690              |          | 403,573.22           |          | 22.81          | .334         | 161.36         |          | 7.62        |
| MEDICAL  | 457             | 700                 |          | 30,400.93            |          | 43.43          | .013         | 66.52          |          | .57         |
| SURGERY  | 153             | 161                 |          | 14,787.70            |          | 91.85          | .003         | 96.65          |          | .28         |
| PATHOLOGY  | 694             | 4,126               |          | 35,993.24            |          | 8.72           | .078         | 51.86          |          | .68         |
| RADIOLOGY  | 461             | 692                 |          | 58,204.15            |          | 84.11          | .013         | 126.26         |          | 1.10        |
| ROOM USE   | 730             | 1,082               |          | 48,353.49            |          | 44.69          | .020         | 66.24          |          | .91         |
| CROSSOVERS/ALL OTH OUTPINT   | 1,545           | 10,929              |          | 215,833.71           |          | 19.75          | .206         | 139.70         |          | 4.07        |
| ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD   | 0               | 0                   | \$       | .00                  | \$       | .00            | .000         |                | \$       | .00         |
| MENTALLY ILL   | 0               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| DEVELOP. DISABLED  | 0               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| @NURSING FACILITY  | 1,108           | 30,197              | \$       | 3,969,000.93         | \$       | 131.44         |              | \$ 3582.13     | \$       | 74.91       |
| LEV A-INTERMEDIATE   | 30              | 1,070               |          | 88,470.74            |          | 82.68          | .020         | 2949.02        |          | 1.67        |
| LEV B-REHAB MD   | 9               | 305                 |          | 38,212.50            |          | 125.29         | .006         | 4245.83        |          | .72         |
| DEV D SODACOTE FREESTANDING  |                 | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| LEV B-SUBACUTE HSPTL BASED   | 10              | 291                 |          | 160,966.65           |          | 553.15         | .005         | 16096.67       |          | 3.04        |
| LEV B-TRANSITIONAL IP CARE   | 0<br>1,063      | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| LEV B-TRANSITIONAL IP CARE LEV B-REGULAR  @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN  @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER  @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS  | 1,063           | 28,531              | _        | 3,681,351.04         | _        | 129.03         | .539         | 3463.17        | _        | 69.48       |
| @INTERMEDIATE CARE FACILDD   | 0               | 0                   | \$       | .00                  | \$       | .00            | .000         |                | Ş        | .00         |
| ICF, DDH   | 0               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| ICF DD   | Ü               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| TCF DDN/DDCN   | 0               | 0                   | <u> </u> | .00                  | <u> </u> | .00            | .000         | .00            | <u> </u> | .00         |
| CHEMODIALYSIS TOTAL  | 307             | 9,699               | \$       | 377,169.65           | \$       | 38.89          |              | \$ 1228.57     | Ş        | 7.12        |
| HUSPITAL BASED   | 207             | 0<br>9 <b>,</b> 699 |          | .00                  |          | .00            | .000<br>.183 | .00<br>1228.57 |          | .00<br>7.12 |
| ADDITED TO THE METALLICATION OF THE STATE OF | 307             | 9 <b>,</b> 699      | \$       | 377,169.65<br>840.98 | \$       | 38.89<br>24.73 |              | \$ 105.12      | ċ        | .02         |
| UCCDIMAL DAGED   | 0               | 34                  | Ą        | 840.98               | Ş        | 24.73          | .001         | 105.12         | Ą        | .02         |
| TADEDENDENT EXCTITUV   | 0               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| GLARORATORY FACILITY   | 1 709           | 7,348               | Ś        | 74,628.53            | \$       | 10.16          | .139         |                | Ś        | 1.41        |
| PATHOLOGY  | 1,709           | 7,252               | Ÿ        | 73,818.80            | Ÿ        | 10.18          | .137         | 43.94          | Y        | 1.39        |
| XO AND OTHERS  | 29              | 96                  |          | 809.73               |          | 8.43           | .002         | 27.92          |          | .02         |
| @ORGANIZED OUTPATIENT CLINIC   | 657             | 1,933               | \$       | 92,558.04            | \$       |                | .036         |                | S        | 1.75        |
| CLINIC   | 265             | 727                 | Y        | 15,763.73            | Ψ.       | 21.68          | .014         | 59.49          | Υ        | .30         |
| SURGICENTER  | 213             | 957                 |          | 55,975.71            |          | 58.49          | .018         | 262.80         |          | 1.06        |
| HEROIN DETOX CLINIC  | 0               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| RURAL HEALTH CLINIC  | 180             | 249                 |          | 20,818.60            |          | 83.61          | .005         | 115.66         |          | .39         |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIC |                     | JRES M   | ONTH-OF-PAYMENT RE   | EPOR1    |                |              |                | P.       | AGE 10,656  |
| MOP024   | FEE-FOR-SERVICE | /DENTAL             |          |                      |          |                |              |                |          | 03/14/05    |
| SACRAMENTO COUNTY  | SUMMARY OF SERV | ICES FOR MN - N     | 10 SOC   | C - AGED AID         | CODE     | 14 1H 1U       | 1X           |                |          |             |
|  |                 |                     |          |                      |          |                | MC           | NTHLY AVERA    | GE ·     |             |
| 52,982 ELIGIBLES   | USERS           | UNITS OF SERVIC     | Œ        | EXPENDITURES         | AVE      | ERAGE COST     | UNITS/DAYS   | COST PER       | (        | COST PER    |
|  |                 | OR DAYS OF CAR      | RE       |                      | PEF      | R UNIT/DAY     | PER ELIG     | USER           | J        | ELIGIBLE    |
| @ALL OTHER PROVIDERS   | 5,183           | 440,781             | \$       | 1,288,895.00         | \$       | 2.92           | 8.319        |                | \$       | 24.33       |
| DURABLE MED. EQUIP.  | 277             | 932                 |          | 77,153.34            |          | 82.78          | .018         | 278.53         |          | 1.46        |
| BLOOD BANK   | 0               | 0                   |          | .00                  |          | .00            | .000         | .00            |          | .00         |
| HEARING AID DISPENSERS   | 45              | 55                  |          | 24,270.68            |          | 441.29         | .001         | 539.35         |          | .46         |
| MEDICAL TRANSPORTATION   | 1,019           | 51,610              |          | 234,319.60           |          | 4.54           | .974         | 229.95         |          | 4.42        |
| AMBULANCES/AIR TRANS   | 247             | 1,990               |          | 31,066.28            |          | 15.61          | .038         | 125.77         |          | .59         |
| OTHER TRANS  | 681             | 48,869              |          | 198,682.56           |          | 4.07           | .922         | 291.75         |          | 3.75        |
| OTHER SERVICES   | 119             | 751                 |          | 4,570.76             |          | 6.09           | .014         | 38.41          |          | .09         |
| ACUPUNCTURE  | 195             | 393                 |          | 7,086.61             |          | 18.03          | .007         | 36.34          |          | .13         |
|  |                 |                     |          |                      |          |                |              |                |          |             |

| ADULT DAY HEALTH CARE CTR      | 516   | 7 <b>,</b> 292   | 502 <b>,</b> 932.85 | 68.97       | .138  |    | 974.68  | 9.49        |
|--------------------------------|-------|------------------|---------------------|-------------|-------|----|---------|-------------|
| GENETIC DISEASE TESTING        | 2     | 2                | 210.00              | 105.00      | .000  |    | 105.00  | .00         |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 457   | 3,163            | 176,579.29          | 55.83       | .060  |    | 386.39  | 3.33        |
| OCCUPATIONAL THERAPIST         | 0     | 0                | .00                 | .00         | .000  |    | .00     | .00         |
| OPTICIAN                       | 920   | 2,179            | 25,634.83           | 11.76       | .041  |    | 27.86   | .48         |
| PHYSICAL THERAPIST             | 34    | 189              | 2,560.77            | 13.55       | .004  |    | 75.32   | .05         |
| PORTABLE X-RAY                 | 58    | 116              | 698.98              | 6.03        | .002  |    | 12.05   | .01         |
| PROSTHETIST/ORTHOTISTS         | 25    | 51               | 2,082.39            | 40.83       | .001  |    | 83.30   | .04         |
| PROSTHETICS                    | 25    | 51               | 2,082.39            | 40.83       | .001  |    | 83.30   | .04         |
| ORTHOTICS                      | 0     | 0                | .00                 | .00         | .000  |    | .00     | .00         |
| PSYCHOLOGIST                   | 3     | 4                | 50.23               | 12.56       | .000  |    | 16.74   | .00         |
| SPEECH AND AUDIOLOGY           | 148   | 348              | 44,358.41           | 127.47      | .007  |    | 299.72  | .84         |
| HOSPICE SERVICES               | 26    | 538              | 62 <b>,</b> 536.54  | 116.24      | .010  | :  | 2405.25 | 1.18        |
| NONINST BIRTHING CENTERS       | 0     | 0                | .00                 | .00         | .000  |    | .00     | .00         |
| LOCAL EDUCATION AGENCIES       | 1     | 2                | 20.80               | 10.40       | .000  |    | 20.80   | .00         |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                | .00                 | .00         | .000  |    | .00     | .00         |
| RESPIRATORY CARE PRACT.        | 0     | 0                | .00                 | .00         | .000  |    | .00     | .00         |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00                 | .00         | .000  |    | .00     | .00         |
| ALL OTHER PROVIDERS            | 2,026 | 373 <b>,</b> 907 | 128,399.68          | .34         | 7.057 |    | 63.38   | 2.42        |
| @CALIF. CHILDREN SERVICES*     | 0     | 0                | \$<br>.00           | \$<br>.00   | .000  | \$ | .00     | \$<br>.00   |
| @XOVER EXCLUDING STATE HOSP**  | 6,555 | 49,542           | \$<br>951,420.81    | \$<br>19.20 | .935  | \$ | 145.14  | \$<br>17.96 |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,657
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

| CHOIGHENTO COCKIT          | DOINTH OF DELC | VIOLO IOIC III INO DOC | DHIND        | 1110 0000    | 2 1        |             |           |
|----------------------------|----------------|------------------------|--------------|--------------|------------|-------------|-----------|
|                            |                |                        |              |              | MOI        | NTHLY AVERA | GE        |
| 113 ELIGIBLES              | USERS          | UNITS OF SERVICE       | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER  |
|                            |                | OR DAYS OF CARE        |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 88             | 2 <b>,</b> 927 \$      | 58,936.93    | \$ 20.14     | 25.903     | \$ 669.74   | \$ 521.57 |
| @PHYSICIANS SERVICES       | 45             | 180 \$                 | 6,690.18     | \$ 37.17     | 1.593      | \$ 148.67   | \$ 59.21  |
| OUTPATIENT VISITS          | 28             | 49                     | 1,644.12     | 33.55        | .434       | 58.72       | 14.55     |
| OFFICE VISITS              | 24             | 44                     | 1,335.60     | 30.35        | .389       | 55.65       | 11.82     |
| HOME VISITS                | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| EMERGENCY ROOM             | 5              | 5                      | 308.52       | 61.70        | .044       | 61.70       | 2.73      |
| PREVENTIVE CARE            | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| OB VISITS/COMPRE PERI      | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| OTHER OUTPATIENT           | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| INPATIENT VISITS           | 6              | 35                     | 1,453.01     | 41.51        | .310       | 242.17      | 12.86     |
| HOSPITAL VISITS            | 6              | 33                     | 1,353.41     | 41.01        | .292       | 225.57      | 11.98     |
| CRITICAL CARE              | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| SNF/ICF/TRANS IP CARE      | 1              | 2                      | 99.60        | 49.80        | .018       | 99.60       | .88       |
| OPHTHALMOLOGICAL SERVICES  | 5              | 5                      | 215.68       | 43.14        | .044       | 43.14       | 1.91      |
| EXAMINATIONS               | 5              | 5                      | 215.68       | 43.14        | .044       | 43.14       | 1.91      |
| SERVICES AND MATERIALS     | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| INPATIENT HOSPITAL SURGERY | 2              | 11                     | 737.02       | 67.00        | .097       | 368.51      | 6.52      |
| PRINCIPAL SURGEON          | 1              | 1                      | 553.98       | 553.98       | .009       | 553.98      | 4.90      |
| ASSISTANT SURGEON          | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| ANESTHESIOLOGIST           | 1              | 10                     | 183.04       | 18.30        | .088       | 183.04      | 1.62      |
| OUTPATIENT SURGERY         | 2              | 2                      | 107.96       | 53.98        | .018       | 53.98       | .96       |
| PRINCIPAL SURGEON          | 2              | 2                      | 107.96       | 53.98        | .018       | 53.98       | .96       |
| ASSISTANT SURGEON          | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| ANESTHESIOLOGIST           | 0              | 0                      | .00          | .00          | .000       | .00         | .00       |
| DIALYSIS                   | 3              | 18                     | 915.90       | 50.88        | .159       | 305.30      | 8.11      |
| PATHOLOGY                  | 7              | 12                     | 209.00       | 17.42        | .106       | 29.86       | 1.85      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY                  | 8                      | 14  |          | 543.78       |       | 38.84   | .124      |     | 67.97  |    | 4.81       |
|----------------------------|------------------------|-----|----------|--------------|-------|---------|-----------|-----|--------|----|------------|
| PSYCHIATRY                 | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| IMMUNIZATION AND INJECTION | 3                      | 3   |          | 41.28        |       | 13.76   | .027      |     | 13.76  |    | .37        |
| OTHER SERVICES/ALL X-OVERS | 20                     | 31  |          | 822.43       |       | 26.53   | .274      |     | 41.12  |    | 7.28       |
| @PHARMACY                  | 56                     | 607 | \$       | 13,008.98    | \$    | 21.43   | 5.372     | \$  | 232.30 | \$ | 115.12     |
| PRESCRIPTION DRUGS         | 55                     | 230 |          | 11,163.97    |       | 48.54   | 2.035     |     | 202.98 |    | 98.80      |
| SNF/ICF                    | 2                      | 15  |          | 1,083.65     |       | 72.24   | .133      |     | 541.83 |    | 9.59       |
| OUTPATIENTS                | 54                     | 215 |          | 10,080.32    |       | 46.89   | 1.903     |     | 186.67 |    | 89.21      |
| MEDICAL SUPPLIES           | 13                     | 377 |          | 1,845.01     |       | 4.89    | 3.336     |     | 141.92 |    | 16.33      |
| @DENTIST                   | 6                      | 25  | \$       | 849.00       | \$    | 33.96   | .221      | \$  | 141.50 | \$ | 7.51       |
| VISITS - DIAGNOSTIC        | 4                      | 15  |          | 219.00       |       | 14.60   | .133      |     | 54.75  |    | 1.94       |
| ORAL SURGERY               | 1                      | 1   |          | 45.00        |       | 45.00   | .009      |     | 45.00  |    | .40        |
| DRUGS                      | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| ANESTHESIA                 | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| PERIODONTICS               | 2                      | 2   |          | 236.00       |       | 118.00  | .018      |     | 118.00 |    | 2.09       |
| ENDODONTICS                | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| RESTORATIVE DENTISTRY      | 2                      | 7   |          | 349.00       |       | 49.86   | .062      |     | 174.50 |    | 3.09       |
| PROSTHETICS                | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| DENTURES, STAYPLATES       | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| SPACE MAINTAINERS          | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| ORTHODONTIC SERVICES       | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| ALL OTHER SERVICES         | 0                      | 0   |          | .00          |       | .00     | .000      |     | .00    |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND  |     | S MONTH- | OF-PAYMENT R | EPORT | FOR JAN | 2004 THRU | DEC | 2004   | P7 | AGE 10,658 |
| MODOOA                     | EEE EOD CEDITOE /DENEN | T   |          |              |       |         |           |     |        |    | 02/11/05   |

MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

|                              |       |                  |                 |    |            | M         | ONT | THLY AVERA | GE. |          |
|------------------------------|-------|------------------|-----------------|----|------------|-----------|-----|------------|-----|----------|
| 113 ELIGIBLES                | USERS | UNITS OF SERVICE | EXPENDITURES    | AV | ERAGE COST | UNITS/DAY | S   | COST PER   |     | COST PER |
|                              |       | OR DAYS OF CARE  |                 | PE | R UNIT/DAY | PER ELIG  |     | USER       |     | ELIGIBLE |
| @OPTOMETRIST                 | 1     | 4                | \$<br>100.56    | \$ | 25.14      | .035      | \$  | 100.56     | \$  | .89      |
| DIAGNOSTIC AND ANC. PROCED   | 1     | 1                | 47.45           |    | 47.45      | .009      |     | 47.45      |     | .42      |
| EYE APPLIANCES               | 1     | 3                | 53.11           |    | 17.70      | .027      |     | 53.11      |     | .47      |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| @CHIROPRACTOR                | 0     | 0                | \$<br>.00       | \$ | .00        | .000      | \$  | .00        | \$  | .00      |
| VISITS                       | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| OTHER SERVICES               | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| @PODIATRIST                  | 10    | 12               | \$<br>288.00    | \$ | 24.00      | .106      | \$  | 28.80      | \$  | 2.55     |
| MEDICINE/INJECTIONS          | 10    | 12               | 288.00          |    | 24.00      | .106      |     | 28.80      |     | 2.55     |
| SURGERY/ANES.                | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| RADIO./PATHOLOGY             | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| OTHER                        | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| @HOME HEALTH AGENCY          | 1     | 2                | \$<br>143.70    | \$ | 71.85      | .018      | \$  | 143.70     | \$  | 1.27     |
| NURSE ANESTHESIST            | 0     | 0                | \$<br>.00       | \$ | .00        | .000      | \$  | .00        | \$  | .00      |
| NURSE MIDWIFE                | 0     | 0                | \$<br>.00       | \$ | .00        | .000      | \$  | .00        | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                | \$<br>.00       | \$ | .00        | .000      | \$  | .00        | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 6     | 15               | \$<br>491.11    | \$ | 32.74      | .133      | \$  | 81.85      | \$  | 4.35     |
| @TOTAL HOSPITAL              | 7     | 38               | \$<br>13,668.09 | \$ | 359.69     | .336      | \$  | 1952.58    | \$  | 120.96   |
| HOSP INPATIENT TOTAL         | 4     | 9                | 13,072.00       |    | 1452.44    | .080      |     | 3268.00    |     | 115.68   |
| HSC HOSPITALS                | 2     | 9                | 11,320.00       |    | 1257.78    | .080      |     | 5660.00    |     | 100.18   |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| ACCOMMODATIONS               | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| ADMINISTRATIVE DAYS          | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| TRANSITIONAL IP CARE         | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| ALL OTHER ACCOM              | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |
| ANCILLARIES                  | 0     | 0                | .00             |    | .00        | .000      |     | .00        |     | .00      |

| INPATIENT CROSSOVERS   | 2  | 0   | 1,752.00   | .00  | .000  | 876.00  | 15.50  |
|--|--|---|--|--|---|---|--|
| ALL OTHER INPATIENT  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| HOSP OUTPATIENT TOTAL  | 4  | 29  | 596.09   | 20.55  | .257  | 149.02  | 5.28   |
| MEDICAL  | 3  | 5   | 108.46   | 21.69  | .044  | 36.15   | .96  |
| SURGERY  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| PATHOLOGY  | 2  | 16  | 159.13   | 9.95   | .142  | 79.57   | 1.41   |
| RADIOLOGY  | 2  | 3   | 237.11   | 79.04  | .027  | 118.56  | 2.10   |
| ROOM USE   | 2  | 2   | 58.11  | 29.06  | .018  | 29.06   | .51  |
| CROSSOVERS/ALL OTH OUTPINT   | 1  | 3   | 33.28  | 11.09  | .027  | 33.28   | .29  |
| @COUNTY HOSPITAL TOTAL   | 0  | 0 \$  | .00  | \$ .00   | .000 \$   |   |  |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| HSC HOSPITALS  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| NON-HSC HOSPITALS TOTAL  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| ACCOMMODATIONS   | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| ADMINISTRATIVE DAYS  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| TRANSITIONAL IP CARE   | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| ALL OTHER ACCOM  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| ANCILLARIES  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| INPATIENT CROSSOVERS   | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
|  | 0  | 0   | .00  | .00  | .000  | .00   |  |
| ALL OTHER INPATIENT  | 0  | 0   | .00  |  |   | .00   | .00  |
| CO HOSP OUTPATIENT TOTAL   | 0  | 0   |  | .00  | .000  |   | .00  |
| MEDICAL  | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| SURGERY  | U  | U   | .00  | .00  | .000  | .00   | .00  |
| PATHOLOGY  | U  | U   | .00  | .00  | .000  | .00   | .00  |
| RADIOLOGY  | U  | U   | .00  | .00  | .000  | .00   | .00  |
| ROOM USE   | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0   | .00  | .00  | .000  | .00   | .00  |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES  | S AND EXPENDITURES  | MONTH-OF-PAYMENT RE  | EPORT FOR JAN  | 2004 THRU DE  | C 2004  | PAGE 10,659  |
|  |  |   |  |  |   |   | / /  |
| MOP024   | FEE-FOR-SERVICE/   |   |  |  |   |   | 03/14/05   |
| MOP024<br>SACRAMENTO COUNTY  |  | DENTAL<br>CES FOR MN - NO SO  | C - BLIND  | AID CODE   |   |   |  |
| SACRAMENTO COUNTY  | SUMMARY OF SERVIO  | CES FOR MN - NO SO  |  |  | MON   |   | GE   |
| SACRAMENTO COUNTY  | SUMMARY OF SERVI   | CES FOR MN - NO SO<br>UNITS OF SERVICE  | C - BLIND<br>EXPENDITURES  | AVERAGE COST   | MON<br>UNITS/DAYS   | COST PER  | GE<br>COST PER   |
| SACRAMENTO COUNTY  113 ELIGIBLES   | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO<br>UNITS OF SERVICE<br>OR DAYS OF CARE   | EXPENDITURES   | AVERAGE COST<br>PER UNIT/DAY   | MON<br>UNITS/DAYS<br>PER ELIG   | COST PER<br>USER  | GE<br>COST PER<br>ELIGIBLE   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  | SUMMARY OF SERVIO  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$   | EXPENDITURES 13,668.09   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69  | MON<br>UNITS/DAYS<br>PER ELIG<br>.336 \$                                | COST PER<br>USER<br>1952.58   | GE COST PER ELIGIBLE \$ 120.96   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9   | EXPENDITURES 13,668.09   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69  | MON UNITS/DAYS PER ELIG .336 \$ .080                                    | COST PER<br>USER<br>1952.58<br>3268.00  | GE<br>COST PER<br>ELIGIBLE<br>\$ 120.96<br>115.68  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$   | EXPENDITURES<br>13,668.09<br>13,072.00<br>11,320.00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78                            | MON<br>UNITS/DAYS<br>PER ELIG<br>.336 \$<br>.080<br>.080                | COST PER<br>USER<br>1952.58<br>3268.00<br>5660.00                             | GE<br>COST PER<br>ELIGIBLE<br>\$ 120.96<br>115.68<br>100.18  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9   | EXPENDITURES<br>13,668.09<br>13,072.00<br>11,320.00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78<br>.00                     | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000                          | COST PER<br>USER<br>1952.58<br>3268.00<br>5660.00                             | GE<br>COST PER<br>ELIGIBLE<br>\$ 120.96<br>115.68<br>100.18<br>.00   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9   | EXPENDITURES<br>13,668.09<br>13,072.00<br>11,320.00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78                            | MON<br>UNITS/DAYS<br>PER ELIG<br>.336 \$<br>.080<br>.080                | COST PER<br>USER<br>1952.58<br>3268.00<br>5660.00                             | GE<br>COST PER<br>ELIGIBLE<br>\$ 120.96<br>115.68<br>100.18  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78<br>.00<br>.00              | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000                     | COST PER<br>USER<br>5 1952.58<br>3268.00<br>5660.00<br>.00<br>.00             | GE<br>COST PER<br>ELIGIBLE<br>\$ 120.96<br>115.68<br>100.18<br>.00   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS   | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9   | 13,668.09<br>13,072.00<br>11,320.00<br>.00   | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78<br>.00<br>.00              | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000                          | COST PER<br>USER<br>5 1952.58<br>3268.00<br>5660.00<br>.00                    | GE  COST PER  ELIGIBLE \$ 120.96  115.68  100.18  .00 .00  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS   | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78<br>.00<br>.00              | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000                     | COST PER<br>USER<br>5 1952.58<br>3268.00<br>5660.00<br>.00<br>.00             | GE  COST PER  ELIGIBLE \$ 120.96  115.68  100.18  .00 .00 .00  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78<br>.00<br>.00<br>.00       | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000                | COST PER<br>USER<br>1952.58<br>3268.00<br>5660.00<br>.00<br>.00               | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9 0 0 0 0 0 0   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00  | AVERAGE COST<br>PER UNIT/DAY<br>\$ 359.69<br>1452.44<br>1257.78<br>.00<br>.00<br>.00       | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000           | COST PER<br>USER<br>1952.58<br>3268.00<br>5660.00<br>.00<br>.00               | GE  COST PER  ELIGIBLE \$ 120.96  115.68  100.18  .00 .00 .00 .00 .00  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9 9 0 0 0 0 0 0 0   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00  | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00                | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000      | COST PER<br>USER<br>1952.58<br>3268.00<br>5660.00<br>.00<br>.00<br>.00        | GE  COST PER  ELIGIBLE \$ 120.96  115.68  100.18  .00 .00 .00 .00 .00 .00 .00  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS   | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9 0 0 0 0 0 0   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00  | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00            | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER<br>USER<br>1952.58<br>3268.00<br>5660.00<br>.00<br>.00<br>.00<br>.00 | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00  |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT   | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9 9 0 0 0 0 0 0 0   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00    | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL  | SUMMARY OF SERVIOUSERS USERS   | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9 9 0 0 0 0 0 0 29  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER  ELIGIBLE  \$ 120.96  115.68  100.18  .00 .00 .00 .00 .00 .00 .00 .00 .00 .   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9 9 0 0 0 0 0 29 5  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER  ELIGIBLE  \$ 120.96  115.68  100.18  .00 .00 .00 .00 .00 .00 .00 .00 .00 .   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 38 \$ 9 9 0 0 0 0 0 0 29 5  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY  | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  38 \$ 9 9 0 0 0 0 0 0 29 5 0 16  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER  ELIGIBLE  \$ 120.96  115.68  100.18  .00 .00 .00 .00 .00 .00 .00 .00 .00 .   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY  | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  38 \$ 9 9 0 0 0 0 0 29 5 0 16 3  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00 .00 .00 .0   | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0   |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE   | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  38 \$ 9 9 0 0 0 0 0 29 5 0 16 3 2  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 1,752.00 .00 596.09 108.46 .00 159.13 237.11 58.11                       | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 .080 .080 .000 .000 .000 .000 .000 .00     | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00 .15.50 .00 5.28 .96 .00 1.41 2.10 .51 .29                            |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT  | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  38 \$ 9 9 0 0 0 0 0 0 29 5 0 16 3 2 3  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 1,752.00 .00 596.09 108.46 .00 159.13 237.11 58.11 33.28                 | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 .080 .080 .000 .000 .000 .000 .000 .00     | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00 .15.50 .00 5.28 .96 .00 1.41 2.10 .51 .29                            |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT  | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  38 \$ 9 9 0 0 0 0 0 0 29 5 0 16 3 2 3 0 \$   | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 1,752.00 .00 596.09 108.46 .00 159.13 237.11 58.11 33.28 .00             | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .000 | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00 .15.50 .00 5.28 .96 .00 1.41 2.10 .51 .29 \$ .00                     |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL                   | SUMMARY OF SERVICE  USERS TO 7 4 2 0 0 0 0 0 0 0 2 0 4 3 0 2 2 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | CES FOR MN - NO SO  UNITS OF SERVICE OR DAYS OF CARE  38  | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 .00 1,752.00 .00 596.09 108.46 .00 159.13 237.11 58.11 33.28 .00 .00 .00 | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 .080 .080 .000 .000 .000 .000 .000 .00     | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00 .15.50 .00 5.28 .96 .00 1.41 2.10 .51 .29 \$ .00 .00 .00             |
| SACRAMENTO COUNTY  113 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | SUMMARY OF SERVICE  USERS  | CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  38 \$ 9 9 0 0 0 0 0 0 29 5 0 16 3 2 3 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 | EXPENDITURES  13,668.09 13,072.00 11,320.00 .00 .00 .00 .00 .00 1,752.00 .00 596.09 108.46 .00 159.13 237.11 58.11 33.28 .00 .00         | AVERAGE COST PER UNIT/DAY \$ 359.69 1452.44 1257.78 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | MON UNITS/DAYS PER ELIG .336 \$ .080 .080 .000 .000 .000 .000 .000 .00  | COST PER USER 1952.58 3268.00 5660.00 .00 .00 .00 .00 .00 .00 .00 .00 .       | GE  COST PER ELIGIBLE \$ 120.96 115.68 100.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .15.50 .00 5.28 .96 .00 1.41 2.10 .51 .29 \$ .00 .00 .00 .00 .00 |

| LEV B-REHAB MD               | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
|------------------------------|-------------------|------------------|--------|-------------------|-------|------------|-----------|-----|-----------|----|------------|
| LEV B-SUBACUTE FREESTANDING  | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| LEV B-REGULAR                | 2                 | 20               |        | 2,303.80          |       | 115.19     | .177      |     | 1151.90   |    | 20.39      |
| @INTERMEDIATE CARE FACILDD   | 0                 | 0                | \$     | .00               | \$    | .00        | .000      | \$  | .00       | \$ | .00        |
| ICF DDH                      | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| ICF DD                       | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| ICF DDN/DDCN                 | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| @HEMODIALYSIS TOTAL          | 8                 | 304              | \$     | 11,313.92         | \$    | 37.22      | 2.690     | \$  | 1414.24   | \$ | 100.12     |
| HOSPITAL BASED               | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| HEMODIALYSIS CENTER          | 8                 | 304              |        | 11,313.92         |       | 37.22      | 2.690     |     | 1414.24   |    | 100.12     |
| @REHABILITATION FACILITY     | 0                 | 0                | \$     | .00               | \$    | .00        | .000      | \$  | .00       | \$ | .00        |
| HOSPITAL BASED               | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| INDEPENDENT FACILITY         | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| @LABORATORY FACILITY         | 7                 | 38               | \$     | 467.46            | \$    | 12.30      | .336      | \$  | 66.78     | \$ | 4.14       |
| PATHOLOGY                    | 7                 | 38               |        | 467.46            |       | 12.30      | .336      |     | 66.78     |    | 4.14       |
| XO AND OTHERS                | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 1                 | 2                | \$     | 47.45             | \$    | 23.73      | .018      | \$  | 47.45     | \$ | .42        |
| CLINIC                       | 1                 | 2                |        | 47.45             |       | 23.73      | .018      |     | 47.45     |    | .42        |
| SURGICENTER                  | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| HEROIN DETOX CLINIC          | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| RURAL HEALTH CLINIC          | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES |                  | RES MO | ONTH-OF-PAYMENT R | EPORT | r for Jan  | 2004 THRU | DEC | 2004      | P. | AGE 10,660 |
| MOP024                       | FEE-FOR-SERVICE/  | DENTAL           |        |                   |       |            |           |     |           |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVIO | CES FOR MN - NO  | SOC    | - BLIND           |       | AID CODE   |           |     |           |    |            |
|                              |                   |                  |        |                   |       |            |           |     | HLY AVERA | -  |            |
| 113 ELIGIBLES                | USERS (           | JNITS OF SERVICE |        | EXPENDITURES      |       |            | UNITS/DAY | -   | COST PER  |    | COST PER   |
|                              |                   | OR DAYS OF CARE  |        |                   |       | R UNIT/DAY |           |     | USER      |    | ELIGIBLE   |
| @ALL OTHER PROVIDERS         | 16                | 1,680            | \$     | 9,564.68          | \$    | 5.69       | 14.867    | \$  | 597.79    | \$ | 84.64      |
| DURABLE MED. EQUIP.          | 3                 | 3                |        | 159.33            |       | 53.11      | .027      |     | 53.11     |    | 1.41       |
| BLOOD BANK                   | 0                 | 0                |        | .00               |       | .00        | .000      |     | .00       |    | .00        |

| HEARING AID DISPENSERS         | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
|--------------------------------|----|-------|-------------|-----------|--------|-----------|----------|
| MEDICAL TRANSPORTATION         | 8  | 1,666 | 6,096.77    | 3.66      | 14.743 | 762.10    | 53.95    |
| AMBULANCES/AIR TRANS           | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| OTHER TRANS                    | 7  | 1,662 | 6,084.60    | 3.66      | 14.708 | 869.23    | 53.85    |
| OTHER SERVICES                 | 1  | 4     | 12.17       | 3.04      | .035   | 12.17     | .11      |
| ACUPUNCTURE                    | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| ADULT DAY HEALTH CARE CTR      | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| GENETIC DISEASE TESTING        | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| OCCUPATIONAL THERAPIST         | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| OPTICIAN                       | 3  | 8     | 3,002.14    | 375.27    | .071   | 1000.71   | 26.57    |
| PHYSICAL THERAPIST             | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| PORTABLE X-RAY                 | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| PROSTHETIST/ORTHOTISTS         | 2  | 3     | 306.44      | 102.15    | .027   | 153.22    | 2.71     |
| PROSTHETICS                    | 2  | 3     | 306.44      | 102.15    | .027   | 153.22    | 2.71     |
| ORTHOTICS                      | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| PSYCHOLOGIST                   | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| SPEECH AND AUDIOLOGY           | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| HOSPICE SERVICES               | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| NONINST BIRTHING CENTERS       | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| LOCAL EDUCATION AGENCIES       | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| RESPIRATORY CARE PRACT.        | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| PED SUBACUTE REHAB/WEANING     | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| ALL OTHER PROVIDERS            | 0  | 0     | .00         | .00       | .000   | .00       | .00      |
| @CALIF. CHILDREN SERVICES*     | 0  | 0     | \$ .00      | \$ .00    | .000   |           | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**  | 13 | 29    | \$ 5,480.86 | \$ 189.00 | .257   | \$ 421.60 | \$ 48.50 |
|                                |    |       |             |           |        |           |          |

 $<sup>\</sup>ensuremath{\text{@*}}$  Totals in these lines are given as a separate information item only;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 10,661 |
|----------------------------|---|-------------|
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G                   |             |

|                            |                |                    |               |              | MON        | THLY AVERA | GE        |
|----------------------------|----------------|--------------------|---------------|--------------|------------|------------|-----------|
| 45,707 ELIGIBLES           | USERS          | UNITS OF SERVICE   | EXPENDITURES  | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER  |
|                            |                | OR DAYS OF CARE    |               | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 40,852         | 1,412,687 \$       | 39,236,109.58 | \$ 27.77     | 30.907 \$  | 960.45     | \$ 858.43 |
| @PHYSICIANS SERVICES       | 11,775         | 71 <b>,</b> 894 \$ | 2,739,515.65  | \$ 38.10     | 1.573 \$   | 232.66     | \$ 59.94  |
| OUTPATIENT VISITS          | 4,616          | 7,077              | 275,426.64    | 38.92        | .155       | 59.67      | 6.03      |
| OFFICE VISITS              | 3 <b>,</b> 126 | 4,642              | 144,591.22    | 31.15        | .102       | 46.25      | 3.16      |
| HOME VISITS                | 2              | 2                  | 91.05         | 45.53        | .000       | 45.53      | .00       |
| EMERGENCY ROOM             | 1,092          | 1,428              | 104,851.69    | 73.43        | .031       | 96.02      | 2.29      |
| PREVENTIVE CARE            | 2              | 2                  | 92.22         | 46.11        | .000       | 46.11      | .00       |
| OB VISITS/COMPRE PERI      | 5              | 12                 | 244.92        | 20.41        | .000       | 48.98      | .01       |
| OTHER OUTPATIENT           | 733            | 991                | 25,555.54     | 25.79        | .022       | 34.86      | .56       |
| INPATIENT VISITS           | 1,223          | 10,440             | 463,794.21    | 44.42        | .228       | 379.23     | 10.15     |
| HOSPITAL VISITS            | 1,144          | 9,838              | 404,443.17    | 41.11        | .215       | 353.53     | 8.85      |
| CRITICAL CARE              | 132            | 455                | 54,406.26     | 119.57       | .010       | 412.17     | 1.19      |
| SNF/ICF/TRANS IP CARE      | 70             | 147                | 4,944.78      | 33.64        | .003       | 70.64      | .11       |
| OPHTHALMOLOGICAL SERVICES  | 207            | 302                | 12,119.43     | 40.13        | .007       | 58.55      | .27       |
| EXAMINATIONS               | 198            | 293                | 11,889.44     | 40.58        | .006       | 60.05      | .26       |
| SERVICES AND MATERIALS     | 9              | 9                  | 229.99        | 25.55        | .000       | 25.55      | .01       |
| INPATIENT HOSPITAL SURGERY | 779            | 5 <b>,</b> 974     | 484,569.56    | 81.11        | .131       | 622.04     | 10.60     |
| PRINCIPAL SURGEON          | 645            | 1,794              | 383,605.87    | 213.83       | .039       | 594.74     | 8.39      |
| ASSISTANT SURGEON          | 50             | 56                 | 12,391.87     | 221.28       | .001       | 247.84     | .27       |
| ANESTHESIOLOGIST           | 253            | 4,124              | 88,571.82     | 21.48        | .090       | 350.09     | 1.94      |

| OUTPATIENT SURGERY         | 696             | 1,670             |       | 173,517.29         |        | 103.90     | .037      | 249.31      |    | 3.80        |
|----------------------------|-----------------|-------------------|-------|--------------------|--------|------------|-----------|-------------|----|-------------|
| PRINCIPAL SURGEON          | 605             | 834               |       | 152,506.11         |        | 182.86     | .018      | 252.08      |    | 3.34        |
| ASSISTANT SURGEON          | 8               | 8                 |       | 1,572.22           |        | 196.53     | .000      | 196.53      |    | .03         |
| ANESTHESIOLOGIST           | 130             | 828               |       | 19,438.96          |        | 23.48      | .018      | 149.53      |    | .43         |
| DIALYSIS                   | 260             | 1,052             |       | 73,892.19          |        | 70.24      | .023      | 284.20      |    | 1.62        |
| PATHOLOGY                  | 1,076           | 4,365             |       | 80,429.37          |        | 18.43      | .095      | 74.75       |    | 1.76        |
| RADIOLOGY                  | 2,482           | 9,905             |       | 449,010.31         |        | 45.33      | .217      | 180.91      |    | 9.82        |
| PSYCHIATRY                 | 12              | 16                |       | 762.14             |        | 47.63      | .000      | 63.51       |    | .02         |
| IMMUNIZATION AND INJECTION | 263             | 9,363             |       | 306,269.19         |        | 32.71      | .205      | 1164.52     |    | 6.70        |
| OTHER SERVICES/ALL X-OVERS | 6 <b>,</b> 526  | 21,730            |       | 419,725.32         |        | 19.32      | .475      |             |    | 9.18        |
| @PHARMACY                  | 31,134          | 587,247           | \$    |                    | \$     | 24.14      | 12.848    | \$ 455.24   | \$ | 310.09      |
| PRESCRIPTION DRUGS         | 30,683          | 148,922           |       | 13,750,782.42      |        | 92.34      | 3.258     | 448.16      |    | 300.85      |
| SNF/ICF                    | 467             | 3,342             |       | 238,062.74         |        | 71.23      | .073      | 509.77      |    | 5.21        |
| OUTPATIENTS                | 30,326          | 145,580           |       | 13,512,719.68      |        | 92.82      | 3.185     | 445.58      |    | 295.64      |
| MEDICAL SUPPLIES           | 3,078           | 438,325           |       | 422,664.80         |        | .96        | 9.590     | 137.32      |    | 9.25        |
| @DENTIST                   | 2,763           | 12 <b>,</b> 785   | \$    | 513,716.91         | \$     | 40.18      | .280      | \$ 185.93   | \$ | 11.24       |
| VISITS - DIAGNOSTIC        | 1,712           | 7,600             |       | 94,117.15          |        | 12.38      | .166      | 54.97       |    | 2.06        |
| ORAL SURGERY               | 587             | 1 <b>,</b> 753    |       | 87,216.15          |        | 49.75      | .038      | 148.58      |    | 1.91        |
| DRUGS                      | 5               | 7                 |       | 40.00              |        | 5.71       | .000      | 8.00        |    | .00         |
| ANESTHESIA                 | 6               | 6                 |       | 600.00             |        | 100.00     | .000      | 100.00      |    | .01         |
| PERIODONTICS               | 187             | 203               |       | 20,820.39          |        | 102.56     | .004      | 111.34      |    | .46         |
| ENDODONTICS                | 175             | 248               |       | 56,281.00          |        | 226.94     | .005      | 321.61      |    | 1.23        |
| RESTORATIVE DENTISTRY      | 699             | 1,654             |       | 104,240.85         |        | 63.02      | .036      | 149.13      |    | 2.28        |
| PROSTHETICS                | 30              | 33                |       | 1,030.00           |        | 31.21      | .001      | 34.33       |    | .02         |
| DENTURES, STAYPLATES       | 378             | 1,184             |       | 148,808.30         |        | 125.68     | .026      | 393.67      |    | 3.26        |
| SPACE MAINTAINERS          | 1               | 1                 |       | 120.00             |        | 120.00     | .000      | 120.00      |    | .00         |
| MAXILLOFACIAL SERVICES     | 1               | 1                 |       | 98.07              |        | 98.07      | .000      | 98.07       |    | .00         |
| FRACTURES, DISLOCATIONS    | 0               | 0                 |       | .00                |        | .00        | .000      | .00         |    | .00         |
| ORTHODONTIC SERVICES       | 5               | 6                 |       | 345.00             |        | 57.50      | .000      | 69.00       |    | .01         |
| ALL OTHER SERVICES         | 53              | 89                |       | .00                |        | .00        | .002      | .00         |    | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIO | CES AND EXPENDITU | RES N | MONTH-OF-PAYMENT F | REPORT | FOR JAN    | 2004 THRU | DEC 2004    | F  | PAGE 10,662 |
| MOP024                     | FEE-FOR-SERVICE | E/DENTAL          |       |                    |        |            |           |             |    | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERV | JICES FOR MN - NO | SOC C | C - DISABLED 64    | 6G 6H  | 4 6U 6V 6X | 8G        |             |    |             |
|                            |                 |                   |       |                    |        |            |           | ONTHLY AVER |    |             |
| 45,707 ELIGIBLES           | USERS           | UNITS OF SERVICE  |       | EXPENDITURES       |        |            |           | S COST PER  |    | COST PER    |
|                            |                 | OR DAYS OF CAR    |       |                    |        |            | PER ELIG  |             |    | ELIGIBLE    |
| @OPTOMETRIST               | 750             | 2,181             | \$    | 46,322.45          | \$     |            | .048      |             |    | 1.01        |
| DIAGNOSTIC AND ANC. PROCED | 372             | 409               |       | 15,421.02          |        | 37.70      | .009      |             |    | .34         |
| EYE APPLIANCES             | 591             | 1.729             |       | 29.623.05          |        | 17.13      | . 0.38    | 50.12       |    | . 65        |

| 45,707 ELIGIBLES             | USERS          | UNITS OF SERVICE | €  | EXPENDITURES  | AV | ERAGE COST | UNITS/DAY | S  | COST PER | COST PER     |
|------------------------------|----------------|------------------|----|---------------|----|------------|-----------|----|----------|--------------|
|                              |                | OR DAYS OF CAR   | €  |               | PΕ | R UNIT/DAY | PER ELIG  |    | USER     | ELIGIBLE     |
| @OPTOMETRIST                 | 750            | 2,181            | \$ | 46,322.45     | \$ | 21.24      | .048      | \$ | 61.76    | \$<br>1.01   |
| DIAGNOSTIC AND ANC. PROCED   | 372            | 409              |    | 15,421.02     |    | 37.70      | .009      |    | 41.45    | .34          |
| EYE APPLIANCES               | 591            | 1,729            |    | 29,623.05     |    | 17.13      | .038      |    | 50.12    | .65          |
| OTHER OPTOMETRIC SERVICES    | 36             | 43               |    | 1,278.38      |    | 29.73      | .001      |    | 35.51    | .03          |
| @CHIROPRACTOR                | 27             | 52               | \$ | 798.97        | \$ | 15.36      | .001      | \$ | 29.59    | \$<br>.02    |
| VISITS                       | 23             | 46               |    | 735.68        |    | 15.99      | .001      |    | 31.99    | .02          |
| OTHER SERVICES               | 4              | 6                |    | 63.29         |    | 10.55      | .000      |    | 15.82    | .00          |
| @PODIATRIST                  | 513            | 1,722            | \$ | 20,169.07     | \$ | 11.71      | .038      | \$ | 39.32    | \$<br>.44    |
| MEDICINE/INJECTIONS          | 110            | 132              |    | 4,184.90      |    | 31.70      | .003      |    | 38.04    | .09          |
| SURGERY/ANES.                | 16             | 21               |    | 964.18        |    | 45.91      | .000      |    | 60.26    | .02          |
| RADIO./PATHOLOGY             | 10             | 16               |    | 321.88        |    | 20.12      | .000      |    | 32.19    | .01          |
| OTHER                        | 400            | 1,553            |    | 14,698.11     |    | 9.46       | .034      |    | 36.75    | .32          |
| @HOME HEALTH AGENCY          | 453            | 53 <b>,</b> 827  | \$ | 1,736,960.01  | \$ | 32.27      | 1.178     | \$ | 3834.35  | \$<br>38.00  |
| NURSE ANESTHESIST            | 19             | 171              | \$ | 570.63        | \$ | 3.34       | .004      | \$ | 30.03    | \$<br>.01    |
| NURSE MIDWIFE                | 1              | 1                | \$ | 13.53         | \$ | 13.53      | .000      | \$ | 13.53    | \$<br>.00    |
| PEDIATRIC NURSE PRACTITIONER | 0              | 0                | \$ | .00           | \$ | .00        | .000      | \$ | .00      | \$<br>.00    |
| FAMILY NURSE PRACTITIONER    | 37             | 103              | \$ | 2,382.43      | \$ | 23.13      | .002      | \$ | 64.39    | \$<br>.05    |
| @TOTAL HOSPITAL              | 5 <b>,</b> 166 | 60,714           | \$ | 14,274,465.20 | \$ | 235.11     | 1.328     | \$ | 2763.16  | \$<br>312.30 |
| HOSP INPATIENT TOTAL         | 1,157          | 10,622           |    | 12,976,032.98 |    | 1221.62    | .232      |    | 11215.24 | 283.90       |
| HSC HOSPITALS                | 889            | 9,341            |    | 11,520,829.72 |    | 1233.36    | .204      |    | 12959.31 | 252.06       |

| NON-HSC HOSPITAL TOTAL      | 101             | 1,281             |       | 1,228,392.56        | 958.93         | .028  | 12162.30     |      | 26.88      |
|-----------------------------|-----------------|-------------------|-------|---------------------|----------------|-------|--------------|------|------------|
| ACCOMMODATIONS              | 99              | 1,281             |       | 499,660.94          | 390.06         | .028  | 5047.08      |      | 10.93      |
| ADMINISTRATIVE DAYS         | 9               | 93                |       | 16,598.52           | 178.48         | .002  | 1844.28      |      | .36        |
| TRANSITIONAL IP CARE        | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| ALL OTHER ACCOM             | 90              | 1,188             |       | 483,062.42          | 406.62         | .026  | 5367.36      |      | 10.57      |
| ANCILLARIES                 | 101             | 0                 |       | 728,731.62          | .00            | .000  | 7215.16      |      | 15.94      |
| INPATIENT CROSSOVERS        | 216             | 0                 |       | 226,810.70          | .00            | .000  | 1050.05      |      | 4.96       |
| ALL OTHER INPATIENT         | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| HOSP OUTPATIENT TOTAL       | 4,362           | 50 <b>,</b> 092   |       | 1,298,432.22        | 25.92          | 1.096 | 297.67       |      | 28.41      |
| MEDICAL                     | 879             | 1,608             |       | 106,832.79          | 66.44          | .035  | 121.54       |      | 2.34       |
| SURGERY                     | 238             | 292               |       | 17,808.43           | 60.99          | .006  | 74.83        |      | .39        |
| PATHOLOGY                   | 1,538           | 15,592            |       | 107,513.09          | 6.90           | .341  | 69.90        |      | 2.35       |
| RADIOLOGY                   | 927             | 2,189             |       | 198,166.39          | 90.53          | .048  | 213.77       |      | 4.34       |
| ROOM USE                    | 1,865           | 3,631             |       | 141,200.21          | 38.89          | .079  | 75.71        |      | 3.09       |
| CROSSOVERS/ALL OTH OUTPTNT  | 2,587           | 26,780            |       | 726,911.31          | 27.14          | .586  | 280.99       |      | 15.90      |
| @COUNTY HOSPITAL TOTAL      | 58              | 479               | \$    | 210,642.93          |                |       | \$ 3631.77   | Ś    | 4.61       |
| CO HOSPITAL INPATIENT TOTAL | 8               | 155               | •     | 201,435.00          | 1299.58        | .003  | 25179.38     |      | 4.41       |
| HSC HOSPITALS               | 8               | 155               |       | 201,435.00          | 1299.58        | .003  | 25179.38     |      | 4.41       |
| NON-HSC HOSPITALS TOTAL     | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| ACCOMMODATIONS              | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| ADMINISTRATIVE DAYS         | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| TRANSITIONAL IP CARE        | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| ALL OTHER ACCOM             | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| ANCILLARIES                 | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| INPATIENT CROSSOVERS        | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| ALL OTHER INPATIENT         | 0               | 0                 |       | .00                 | .00            | .000  | .00          |      | .00        |
| CO HOSP OUTPATIENT TOTAL    | 51              | 324               |       | 9,207.93            | 28.42          | .007  | 180.55       |      | .20        |
| MEDICAL                     | 22              | 41                |       | 1,059.50            | 25.84          | .001  | 48.16        |      | .02        |
| SURGERY                     | 6               | 8                 |       | 359.54              | 44.94          | .000  | 59.92        |      | .01        |
| PATHOLOGY                   | 14              | 102               |       | 1,519.64            | 14.90          | .002  | 108.55       |      | .03        |
| RADIOLOGY                   | 13              | 20                |       | 1,457.75            | 72.89          | .000  | 112.13       |      | .03        |
| ROOM USE                    | 24              | 55                |       | 2,169.65            | 39.45          | .001  | 90.40        |      | .05        |
| CROSSOVERS/ALL OTH OUTPTNT  | 35              | 98                |       | 2,641.85            | 26.96          | .002  | 75.48        |      | .06        |
|                             | MEDI-CAL SERVIC | ES AND EXPENDITUR | RES N | MONTH-OF-PAYMENT RE |                |       |              | PI   | AGE 10,663 |
| MOP024                      | FEE-FOR-SERVICE |                   | _     |                     |                |       |              |      | 03/14/05   |
| SACRAMENTO COUNTY           |                 |                   | SOC   | C - DISABLED 64 6   | 6G 6H 6U 6V 6X | 8G    |              |      |            |
|                             |                 |                   |       |                     |                |       | ONTHLY AVERA | GE - |            |
| 45,707 ELIGIBLES            | USERS           | UNITS OF SERVICE  | 2     | EXPENDITURES        | AVERAGE COST   |       |              | _    | COST PER   |
| •                           |                 | OR DAYS OF CARE   | 2     | -                   | PER UNIT/DAY   |       |              | E    | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL   | 5,116           | 60,235            | \$    | 14,063,822.27       | \$ 233.48      |       | \$ 2748.99   |      | 307.70     |
|                             |                 |                   |       | ' ' '               |                |       |              |      |            |

|                            |                |                  |               |              | ===== MOI  | NIULI AAFKA | .GE       |
|----------------------------|----------------|------------------|---------------|--------------|------------|-------------|-----------|
| 45,707 ELIGIBLES           | USERS          | UNITS OF SERVICE | EXPENDITURES  | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER  |
|                            |                | OR DAYS OF CARE  |               | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE  |
| @COMMUNITY HOSPITAL TOTAL  | 5 <b>,</b> 116 | 60,235 \$        | 14,063,822.27 | \$ 233.48    | 1.318      | \$ 2748.99  | \$ 307.70 |
| COMM HOSP INPATIENT TOTAL  | 1,149          | 10,467           | 12,774,597.98 | 1220.46      | .229       | 11118.01    | 279.49    |
| HSC HOSPITALS              | 881            | 9,186            | 11,319,394.72 | 1232.24      | .201       | 12848.35    | 247.65    |
| NON-HSC HOSPITALS TOTAL    | 101            | 1,281            | 1,228,392.56  | 958.93       | .028       | 12162.30    | 26.88     |
| ACCOMMODATIONS             | 99             | 1,281            | 499,660.94    | 390.06       | .028       | 5047.08     | 10.93     |
| ADMINISTRATIVE DAYS        | 9              | 93               | 16,598.52     | 178.48       | .002       | 1844.28     | .36       |
| TRANSITIONAL IP CARE       | 0              | 0                | .00           | .00          | .000       | .00         | .00       |
| ALL OTHER ACCOM            | 90             | 1,188            | 483,062.42    | 406.62       | .026       | 5367.36     | 10.57     |
| ANCILLARIES                | 101            | 0                | 728,731.62    | .00          | .000       | 7215.16     | 15.94     |
| INPATIENT CROSSOVERS       | 216            | 0                | 226,810.70    | .00          | .000       | 1050.05     | 4.96      |
| ALL OTHER INPATIENT        | 0              | 0                | .00           | .00          | .000       | .00         | .00       |
| COMM HOSP OUTPATIENT TOTAL | 4,316          | 49,768           | 1,289,224.29  | 25.90        | 1.089      | 298.71      | 28.21     |
| MEDICAL                    | 859            | 1,567            | 105,773.29    | 67.50        | .034       | 123.14      | 2.31      |
| SURGERY                    | 232            | 284              | 17,448.89     | 61.44        | .006       | 75.21       | .38       |
| PATHOLOGY                  | 1,525          | 15,490           | 105,993.45    | 6.84         | .339       | 69.50       | 2.32      |
| RADIOLOGY                  | 914            | 2,169            | 196,708.64    | 90.69        | .047       | 215.22      | 4.30      |
| ROOM USE                   | 1,843          | 3 <b>,</b> 576   | 139,030.56    | 38.88        | .078       | 75.44       | 3.04      |
|                            |                |                  |               |              |            |             |           |

| CROSSOVERS/ALL OTH OUTPINT                               | •               | 26,682           |       | 724,269.46         |       | 27.14          | .584         | 283.80       |    | 15.85      |
|--|-----------------|------------------|-------|--------------------|-------|----------------|--------------|--------------|----|------------|
| @STATE HOSPITAL  | 0               | 0                | \$    | .00                |       | .00            | .000         |              | \$ | .00        |
| MENTALLY ILL   | 0               | 0                |       | .00                |       | .00            | .000         | .00          |    | .00        |
| DEVELOP. DISABLED  | 0               | 0                |       | .00                |       | .00            | .000         | .00          |    | .00        |
| @NURSING FACILITY  | 321             | 7 <b>,</b> 812   | \$    | 1,375,959.81       | \$    | 176.13         | .171 \$      | 4286.48      | \$ | 30.10      |
| LEV A-INTERMEDIATE                                       | 6               | 209              |       | 14,021.06          |       | 67.09          | .005         | 2336.84      |    | .31        |
| LEV B-REHAB MD   | 6               | 210              |       | 27,166.05          |       | 129.36         | .005         | 4527.68      |    | .59        |
| LEV B-SUBACUTE FREESTANDING                              |                 | 48               |       | 15,751.76          |       | 328.16         | .001         | 15751.76     |    | .34        |
| LEV B-SUBACUTE HSPTL BASED                               | 12              | 409              |       | 230,209.23         |       | 562.86         | .009         | 19184.10     |    | 5.04       |
| LEV B-TRANSITIONAL IP CARE                               | 0               | 0                |       | .00                |       | .00            | .000         | .00          |    | .00        |
| LEV B-REGULAR  | 296             | 6,936            |       | 1,088,811.71       |       | 156.98         | .152         | 3678.42      |    | 23.82      |
| @INTERMEDIATE CARE FACILDD                               | 65              | 2,114            | \$    | 379,093.70         | \$    | 179.33         | .046         | 5832.21      | \$ | 8.29       |
| ICF DDH  | 41              | 1,398            |       | 231,763.48         |       | 165.78         | .031         | 5652.77      |    | 5.07       |
| ICF DD   | 0               | . 0              |       | .00                |       | .00            | .000         | .00          |    | .00        |
| ICF DDN/DDCN   | 24              | 716              |       | 147,330.22         |       | 205.77         | .016         | 6138.76      |    | 3.22       |
| @HEMODIALYSIS TOTAL                                      | 862             | 32,775           | \$    | 1,139,489.99       | \$    | 34.77          | .717 \$      | 1321.91      | \$ | 24.93      |
| HOSPITAL BASED   | 3               | . 32             |       | 6,320.31           |       | 197.51         | .001         | 2106.77      |    | .14        |
| HEMODIALYSIS CENTER                                      | 859             | 32,743           |       | 1,133,169.68       |       | 34.61          | .716         | 1319.17      |    | 24.79      |
| @REHABILITATION FACILITY                                 | 311             | 4,434            | Ś     | 77,418.53          |       |                | .097         |              | Ś  | 1.69       |
| HOSPITAL BASED   | 68              | 448              |       | 12,195.53          |       | 27.22          | .010         | 179.35       |    | .27        |
| INDEPENDENT FACILITY                                     | 243             | 3,986            |       | 65,223.00          |       | 16.36          | .087         | 268.41       |    | 1.43       |
| @LABORATORY FACILITY                                     | 1,708           | 8,703            | \$    | 96,729.20          |       |                | .190         |              | Ś  | 2.12       |
| PATHOLOGY  | 1,660           | 8,511            | т     | 95,659.21          |       | 11.24          | .186         | 57.63        | т  | 2.09       |
| XO AND OTHERS  | 49              | 192              |       | 1,069.99           |       | 5.57           | .004         | 21.84        |    | .02        |
| @ORGANIZED OUTPATIENT CLINIC                             | 1,026           | 2,393            | Ś     | 107,524.75         |       |                | .052         |              | Ś  | 2.35       |
| CLINIC   | 655             | 1,509            | ۲     | 31,376.16          |       | 20.79          | .033         | 47.90        | 7  | .69        |
| SURGICENTER  | 84              | 384              |       | 18,597.28          |       | 48.43          | .008         | 221.40       |    | .41        |
| HEROIN DETOX CLINIC                                      | 2               | 17               |       | 221.65             |       | 13.04          | .000         | 110.83       |    | .00        |
| RURAL HEALTH CLINIC                                      | 287             | 483              |       | 57,329.66          |       | 118.69         | .011         | 199.75       |    | 1.25       |
| #CALIF DEPT OF HEALTH SERV                               |                 |                  | DEC 1 | MONTH-OF-PAYMENT F |       |                |              |              | ъ  | AGE 10,664 |
| MOP024   | FEE-FOR-SERVICE |                  | (EO I | MONIH-OF-FAIMENI F | KEFU. | KI FOR JAN 2   | LUU4 IRKU DE | JC 2004      | r. | 03/14/05   |
| SACRAMENTO COUNTY  |                 |                  | 200   | C - DISABLED 64    | 60    | CII CII CII CV | 0.0          |              |    | 03/14/03   |
| SACRAMENTO COUNTI  | SUMMARI OF SERV | ICES FOR MN - NC | ) 500 | J - DISABLED 04    | 0G    | OH 00 0V 0A    | MON          | אלודט אנובטא | CE |            |
| 45,707 ELIGIBLES   | USERS           | UNITS OF SERVICE | ,     | EXPENDITURES       | 7/    | VERAGE COST    |              |              | -  | COST PER   |
| 45,707 EDIGIBLES   | OSEKS           | OR DAYS OF CARE  |       | EXFENDITORES       |       | ER UNIT/DAY    |              | USER         |    | ELIGIBLE   |
| @ALL OTHER PROVIDERS                                     | 6,488           | 563,759          | Ś     | 2,551,531.53       |       | - ,            | 12.334       |              |    | 55.82      |
| DURABLE MED. EQUIP.                                      | 518             | 2,942            | ۲     | 353,150.92         | ې     | 120.04         | .064         | 681.76       | ۲  | 7.73       |
| BLOOD BANK   | 210             | 2,942<br>0       |       | .00                |       | .00            | .000         | .00          |    | .00        |
|  | 13              | 17               |       | 6,965.04           |       | 409.71         | .000         | 535.77       |    | .15        |
| HEARING AID DISPENSERS                                   | 1,322           | <del>-</del> ·   |       | 444,032.42         |       |                |              | 335.88       |    |            |
| MEDICAL TRANSPORTATION                                   |                 | 122,510          |       |                    |       | 3.62           | 2.680        |              |    | 9.71       |
| AMBULANCES/AIR TRANS                                     | 648             | 5,011            |       | 85,772.06          |       | 17.12          | .110         | 132.36       |    | 1.88       |
| OTHER TRANS  | 587             | 116,815          |       | 352,052.35         |       | 3.01           | 2.556        | 599.75       |    | 7.70       |
| OTHER SERVICES   | 126             | 684              |       | 6,208.01           |       | 9.08           | .015         | 49.27        |    | .14        |
| ACUPUNCTURE  | 50              | 108              |       | 1,935.53           |       | 17.92          | .002         | 38.71        |    | .04        |
| ADULT DAY HEALTH CARE CTR                                | 192             | 3,419            |       | 233,618.41         |       | 68.33          | .075         | 1216.76      |    | 5.11       |
| GENETIC DISEASE TESTING                                  | 2               | 2                |       | 210.00             |       | 105.00         | .000         | 105.00       |    | .00        |
| IHMC, MODEL-NF, NF, AIDS, MSSP<br>OCCUPATIONAL THERAPIST | 203             | 10,353           |       | 258,659.09         |       | 24.98          | .227         | 1274.18      |    | 5.66       |
|  |                 | 0                |       | .00                |       | .00            | .000         | .00          |    | .00        |
| OPTICIAN   | 833             | 1,925            |       | 22,055.18          |       | 11.46          | .042         | 26.48        |    | .48        |
| PHYSICAL THERAPIST                                       | 31              | 241              |       | 3,399.92           |       | 14.11          | .005         | 109.67       |    | .07        |
|  | 2.1             | // 1             |       | COE 02             |       | 1 4 70         | 0.01         | 20 05        |    | 0.1        |

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

21

66

66

0

10

205

41

347

347

0

15

848

605.93

418.82

.00

39,191.02

39,191.02

47,764.95

14.78

112.94

112.94

.00

27.92

56.33

.001

.008

.008

.000

.000

.019

28.85

593.80

593.80

41.88

233.00

.00

.01

.86

.00

.01

1.05

| HOSPICE SERVICES                   | 85             | 2,412            |      | 334,811.71   | 138.81      | .053  | 3938.96    | 7.33        |
|------------------------------------|----------------|------------------|------|--------------|-------------|-------|------------|-------------|
| NONINST BIRTHING CENTERS           | 0              | 0                |      | .00          | .00         | .000  | .00        | .00         |
| LOCAL EDUCATION AGENCIES           | 1,560          | 73 <b>,</b> 194  |      | 439,499.95   | 6.00        | 1.601 | 281.73     | 9.62        |
| EPSDT SUPPLEMENTAL SERVICE         | 80             | 6,066            |      | 177,892.87   | 29.33       | .133  | 2223.66    | 3.89        |
| RESPIRATORY CARE PRACT.            | 0              | 0                |      | .00          | .00         | .000  | .00        | .00         |
| PED SUBACUTE REHAB/WEANING         | 0              | 0                |      | .00          | .00         | .000  | .00        | .00         |
| ALL OTHER PROVIDERS                | 1,914          | 339 <b>,</b> 319 |      | 187,319.77   | .55         | 7.424 | 97.87      | 4.10        |
| @CALIF. CHILDREN SERVICES*         | 602            | 20,609           | \$   | 640,787.27   | \$<br>31.09 | .451  | \$ 1064.43 | \$<br>14.02 |
| @XOVER EXCLUDING STATE HOSP**      | 7 <b>,</b> 134 | 68 <b>,</b> 862  | \$   | 1,337,215.81 | \$<br>19.42 | 1.507 | \$ 187.44  | \$<br>29.26 |
| 0* TOTALS IN THESE LINES ARE GIVEN | AS A SEPARATE  | INFORMATION      | ITEM | ONLY:        |             |       |            |             |

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,665 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

|                           |                 |                  |                     |              | MO         | NTHLY AVERA | GΕ |          |
|---------------------------|-----------------|------------------|---------------------|--------------|------------|-------------|----|----------|
| 213,701 ELIGIBLES         | USERS           | UNITS OF SERVICE | EXPENDITURES        | AVERAGE COST | UNITS/DAYS | COST PER    |    | COST PER |
|                           |                 | OR DAYS OF CARE  |                     | PER UNIT/DAY | PER ELIG   | USER        |    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 84 <b>,</b> 523 | 512,366          | \$<br>31,810,982.03 | \$ 62.09     | 2.398      | \$ 376.36   | \$ | 148.86   |
| @PHYSICIANS SERVICES      | 28,261          | 91,176           | \$<br>5,875,835.56  | \$ 64.44     | .427       | \$ 207.91   | \$ | 27.50    |
| OUTPATIENT VISITS         | 18,813          | 29 <b>,</b> 993  | 1,327,861.21        | 44.27        | .140       | 70.58       |    | 6.21     |
| OFFICE VISITS             | 9,308           | 11,506           | 432,533.29          | 37.59        | .054       | 46.47       |    | 2.02     |
| HOME VISITS               | 2               | 7                | 272.30              | 38.90        | .000       | 136.15      |    | .00      |
| EMERGENCY ROOM            | 4,710           | 5,174            | 297,345.27          | 57.47        | .024       | 63.13       |    | 1.39     |
| PREVENTIVE CARE           | 35              | 35               | 1,394.39            | 39.84        | .000       | 39.84       |    | .01      |
| OB VISITS/COMPRE PERI     | 4,524           | 11,692           | 549,771.26          | 47.02        | .055       | 121.52      |    | 2.57     |
| OTHER OUTPATIENT          | 1,345           | 1,579            | 46,544.70           | 29.48        | .007       | 34.61       |    | .22      |
| INPATIENT VISITS          | 3 <b>,</b> 179  | 12,692           | 1,131,796.29        | 89.17        | .059       | 356.02      |    | 5.30     |
| HOSPITAL VISITS           | 2,840           | 8,153            | 384,339.08          | 47.14        | .038       | 135.33      |    | 1.80     |
| CRITICAL CARE             | 533             | 4,518            | 746,469.11          | 165.22       | .021       | 1400.50     |    | 3.49     |
| SNF/ICF/TRANS IP CARE     | 6               | 21               | 988.10              | 47.05        | .000       | 164.68      |    | .00      |
| OPHTHALMOLOGICAL SERVICES | 206             | 293              | 12,958.69           | 44.23        | .001       | 62.91       |    | .06      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS               | 185                | 271             |       | 12,465.07          |       | 46.00    | .001       |     | 67.38  |    | .06        |
|----------------------------|--------------------|-----------------|-------|--------------------|-------|----------|------------|-----|--------|----|------------|
| SERVICES AND MATERIALS     | 22                 | 22              |       | 493.62             |       | 22.44    | .000       |     | 22.44  |    | .00        |
| INPATIENT HOSPITAL SURGERY | 2,907              | 13,140          |       | 1,877,636.50       |       | 142.89   | .061       |     | 645.90 |    | 8.79       |
| PRINCIPAL SURGEON          | 2,060              | 2,744           |       | 1,551,396.17       |       | 565.38   | .013       |     | 753.10 |    | 7.26       |
| ASSISTANT SURGEON          | 292                | 299             |       | 59,368.39          |       | 198.56   | .001       |     | 203.32 |    | .28        |
| ANESTHESIOLOGIST           | 1,183              | 10,097          |       | 266,871.94         |       | 26.43    | .047       |     | 225.59 |    | 1.25       |
| OUTPATIENT SURGERY         | 1,749              | 3,806           |       | 323,280.89         |       | 84.94    | .018       |     | 184.84 |    | 1.51       |
| PRINCIPAL SURGEON          | 1,532              | 2,028           |       | 266,917.85         |       | 131.62   | .009       |     | 174.23 |    | 1.25       |
| ASSISTANT SURGEON          | . 8                | . 8             |       | 1,346.04           |       | 168.26   | .000       |     | 168.26 |    | .01        |
| ANESTHESIOLOGIST           | 430                | 1,770           |       | 55,017.00          |       | 31.08    | .008       |     | 127.95 |    | .26        |
| DIALYSIS                   | 85                 | 321             |       | 29,034.81          |       | 90.45    | .002       |     | 341.59 |    | .14        |
| PATHOLOGY                  | 2,634              | 5,062           |       | 86,029.35          |       | 17.00    | .024       |     | 32.66  |    | .40        |
| RADIOLOGY                  | 7,353              | 14,133          |       | 652,261.97         |       | 46.15    | .066       |     | 88.71  |    | 3.05       |
| PSYCHIATRY                 | 10                 | 12              |       | 951.42             |       | 79.29    | .000       |     | 95.14  |    | .00        |
| IMMUNIZATION AND INJECTION | 724                | 3,320           |       | 82,997.73          |       | 25.00    | .016       |     | 114.64 |    | .39        |
| OTHER SERVICES/ALL X-OVERS | 3,253              | 8,404           |       | 351,026.70         |       | 41.77    | .039       |     | 107.91 |    | 1.64       |
| @PHARMACY                  | 21,301             | 84,817          | \$    | 2,868,736.31       | \$    | 33.82    | .397       | \$  | 134.68 | \$ | 13.42      |
| PRESCRIPTION DRUGS         | 20,824             | 44,747          |       | 2,495,267.97       |       | 55.76    | .209       |     | 119.83 |    | 11.68      |
| SNF/ICF                    | 47                 | 278             |       | 28,208.04          |       | 101.47   | .001       |     | 600.17 |    | .13        |
| OUTPATIENTS                | 20,801             | 44,469          |       | 2,467,059.93       |       | 55.48    | .208       |     | 118.60 |    | 11.54      |
| MEDICAL SUPPLIES           | 1,184              | 40,070          |       | 373,468.34         |       | 9.32     | .188       |     | 315.43 |    | 1.75       |
| @DENTIST                   | 4,005              | 22,666          | \$    | 531,521.55         | \$    | 23.45    | .106       | \$  | 132.71 | \$ | 2.49       |
| VISITS - DIAGNOSTIC        | 3,058              | 15 <b>,</b> 372 |       | 189,143.75         |       | 12.30    | .072       |     | 61.85  |    | .89        |
| ORAL SURGERY               | 804                | 1,603           |       | 75,264.60          |       | 46.95    | .008       |     | 93.61  |    | .35        |
| DRUGS                      | 33                 | 36              |       | 625.00             |       | 17.36    | .000       |     | 18.94  |    | .00        |
| ANESTHESIA                 | 5                  | 4               |       | 400.00             |       | 100.00   | .000       |     | 80.00  |    | .00        |
| PERIODONTICS               | 113                | 145             |       | 7,528.00           |       | 51.92    | .001       |     | 66.62  |    | .04        |
| ENDODONTICS                | 323                | 538             |       | 54,311.50          |       | 100.95   | .003       |     | 168.15 |    | .25        |
| RESTORATIVE DENTISTRY      | 1,366              | 4,086           |       | 178,029.05         |       | 43.57    | .019       |     | 130.33 |    | .83        |
| PROSTHETICS                | 12                 | 13              |       | 260.00             |       | 20.00    | .000       |     | 21.67  |    | .00        |
| DENTURES, STAYPLATES       | 71                 | 284             |       | 17,521.65          |       | 61.70    | .001       |     | 246.78 |    | .08        |
| SPACE MAINTAINERS          | 31                 | 41              |       | 3,711.00           |       | 90.51    | .000       |     | 119.71 |    | .02        |
| MAXILLOFACIAL SERVICES     | 6                  | 6               |       | 50.00              |       | 8.33     | .000       |     | 8.33   |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                  | 0               |       | .00                |       | .00      | .000       |     | .00    |    | .00        |
| ORTHODONTIC SERVICES       | 129                | 188             |       | 4,152.00           |       | 22.09    | .001       |     | 32.19  |    | .02        |
| ALL OTHER SERVICES         | 138                | 350             |       | 525.00             |       | 1.50     | .002       |     | 3.80   |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES  | AND EXPENDITU   | RES M | ONTH-OF-PAYMENT RE | EPORT | FOR JAN  | 2004 THRU  | DEC | 2004   | P  | AGE 10,666 |
| MOP024                     | FEE-FOR-SERVICE/DE | NTAL            |       |                    |       |          |            |     |        |    | 03/14/05   |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICE | S FOR MN-NOS    | OC-FA | M 34 39 3N 3T 3V 5 | 54 59 | 5J 5W-51 | Y 6J 7J 7K |     |        |    |            |

| 01101011111110 0001111     |       |                 |    |              |     |            |            |     |            |     |          |
|----------------------------|-------|-----------------|----|--------------|-----|------------|------------|-----|------------|-----|----------|
|                            |       |                 |    |              |     |            | Mo         | CNC | THLY AVERA | GE. |          |
| 213,701 ELIGIBLES          | USERS | UNITS OF SERVIC | Œ  | EXPENDITURES | AVE | RAGE COST  | UNITS/DAYS | S   | COST PER   |     | COST PER |
|                            |       | OR DAYS OF CAR  | RE |              | PER | . UNIT/DAY | PER ELIG   |     | USER       |     | ELIGIBLE |
| @OPTOMETRIST               | 778   | 2,420           | \$ | 54,762.21    | \$  | 22.63      | .011       | \$  | 70.39      | \$  | .26      |
| DIAGNOSTIC AND ANC. PROCED | 648   | 694             |    | 29,239.60    |     | 42.13      | .003       |     | 45.12      |     | .14      |
| EYE APPLIANCES             | 582   | 1,711           |    | 25,137.77    |     | 14.69      | .008       |     | 43.19      |     | .12      |
| OTHER OPTOMETRIC SERVICES  | 15    | 15              |    | 384.84       |     | 25.66      | .000       |     | 25.66      |     | .00      |
| @CHIROPRACTOR              | 20    | 31              | \$ | 509.96       | \$  | 16.45      | .000       | \$  | 25.50      | \$  | .00      |
| VISITS                     | 20    | 31              |    | 509.96       |     | 16.45      | .000       |     | 25.50      |     | .00      |
| OTHER SERVICES             | 0     | 0               |    | .00          |     | .00        | .000       |     | .00        |     | .00      |
| @PODIATRIST                | 50    | 73              | \$ | 2,746.41     | \$  | 37.62      | .000       | \$  | 54.93      | \$  | .01      |
| MEDICINE/INJECTIONS        | 43    | 49              |    | 2,106.24     |     | 42.98      | .000       |     | 48.98      |     | .01      |
| SURGERY/ANES.              | 7     | 10              |    | 296.58       |     | 29.66      | .000       |     | 42.37      |     | .00      |
| RADIO./PATHOLOGY           | 5     | 6               |    | 112.44       |     | 18.74      | .000       |     | 22.49      |     | .00      |
| OTHER                      | 7     | 8               |    | 231.15       |     | 28.89      | .000       |     | 33.02      |     | .00      |
| @HOME HEALTH AGENCY        | 228   | 3 <b>,</b> 378  | \$ | 128,299.27   | \$  | 37.98      | .016       | \$  | 562.72     | \$  | .60      |
| NURSE ANESTHESIST          | 61    | 380             | Ś  | 8,093.19     | Ś   | 21.30      | .002       | Ś   | 132.68     | Ś   | .04      |

| NURSE MIDWIFE  | 53                   | 511  | \$    | 15,123.65                              | \$    | 29.60                                      | .002             |    | 285.35                   |      | .07         |
|--|----------------------|--|-------|--|-------|--|------------------|----|--------------------------|------|-------------|
| PEDIATRIC NURSE PRACTITIONER   | 1                    | 1  | \$    | 57.20<br>6,591.90<br>18,943,214.13     | \$    | 57.20                                      | .000             | \$ |                          |      | .00         |
| FAMILY NURSE PRACTITIONER  | 90                   | 245  | \$    | 6,591.90                               | \$    | 26.91                                      | .001             | \$ | 73.24                    | \$   | .03         |
| @TOTAL HOSPITAL  | 15 <b>,</b> 739      | 245<br>75 <b>,</b> 250                             | \$    | 18,943,214.13                          | \$    | 251.74                                     | .352             | \$ | 1203.58                  | \$   | 88.64       |
| HOSP INPATIENT TOTAL   | 2,900                | 12,642   |       | 17,372,800.90                          |       | 1374.21                                    | .059             |    | 5990.62                  |      | 81.29       |
| HSC HOSPITALS  | 2,765                | 12,642<br>11,871<br>771                            |       | 17,372,800.90<br>16,160,858.83         |       | 1374.21<br>1361.37<br>1562.11              | .056             |    | 5844.80                  |      | 75.62       |
| NON-HSC HOSPITAL TOTAL   | 137                  | 771  |       | 1.204.388.75                           |       | 1562.11                                    | .004             |    | 8791.16                  |      | 5.64        |
| ACCOMMODATIONS   | 132                  | 771  |       | 611,366.78                             |       | 792.95                                     | .004             |    | 4631.57                  |      | 2.86        |
| ADMINISTRATIVE DAYS  | 1                    | 1  |       | 231.30                                 |       | 231.30                                     | .000             |    | 231.30                   |      | .00         |
| ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES  | 0                    | 771<br>1<br>0<br>770                               |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| ALL OTHER ACCOM  | 131                  | 770  |       | 611,135.48                             |       | 793.68                                     | .004             |    | 4665.16                  |      | 2.86        |
| ANCILLARIES  | 135                  | 0  |       | 593,021.97                             |       | .00  | .000             |    | 4392.76                  |      | 2.78        |
| ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT | 8                    | 0  |       | 7,553.32                               |       | .00  | .000             |    | 944.17                   |      | .04         |
| ALL OTHER INPATIENT  | 0                    | 0  |       | .00                                    |       | .00  | .000             |    | .00<br>111.44<br>45.90   |      | .00         |
| HOSP OUTPATIENT TOTAL  | 14,092               | 62 <b>,</b> 608                                    |       | 1,570,413.23                           |       | 25.08<br>33.92                             | .293             |    | 111.44                   |      | 7.35        |
| MEDICAL  | 2,091                | 2,829  |       | 95,967.17                              |       | 33.92                                      | .013             |    | 45.90                    |      | .45         |
| SURGERY  | 1,130                | 1,573  |       | 53,974.26                              |       | 34.31                                      | .007             |    | 47.76                    |      | .25         |
| PATHOLOGY  | 4,992                | 26,083   |       | 244,527.01                             |       | 9.37                                       | .122             |    | 48.98                    |      | 1.14        |
| RADIOLOGY  | 3,207                | 4,724  |       | 395,687.21                             |       | 34.31<br>9.37<br>83.76                     | .022             |    | 47.76<br>48.98<br>123.38 |      | 1.85        |
| ROOM USE   | 8,154                | 10,587   |       | 399,137.21                             |       | 37.70                                      | .050             |    | 48.95                    |      | 1.87        |
| CROSSOVERS/ALL OTH OUTPTNT   | 7,146                | 16,812   |       | 399,137.21<br>381,120.37<br>410,270.07 |       | 37.70<br>22.67                             | .079             |    | 53.33                    |      | 1.78        |
| CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS  | 181                  | 1,284  | \$    | 410,270.07<br>377,945.36<br>377,945.36 | \$    | 319.52                                     | .006             | \$ | 2266.69                  | \$   | 1.92        |
| CO HOSPITAL INPATIENT TOTAL  | 43                   | 304<br>304<br>0                                    |       | 377,945.36                             |       | 1243.24                                    | .001             |    | 8789.43                  |      | 1.77        |
| HSC HOSPITALS  | 43                   | 201  |       | 377,945.36                             |       | 1243.24                                    | .001             |    | 8789.43                  |      | 1.77        |
| NON-HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS          | 0                    | 304<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>980 |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| ACCOMMODATIONS   | 0                    | 0  |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| ADMINISTRATIVE DAYS  | 0                    | 0  |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| TRANSITIONAL IP CARE   | 0                    | 0  |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| ALL OTHER ACCOM  | 0                    | 0  |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| ANCILLARIES  | 0                    | 0  |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| INPATIENT CROSSOVERS   | 0                    | 0  |       | .00                                    |       |  | .000             |    | .00                      |      | .00         |
| ALL OTHER INPATIENT  | 0<br>156             | 0  |       | .00                                    |       | .00<br>32.98                               | .000             |    | .00                      |      | .00         |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL  | 156                  | 980<br>56<br>62<br>406<br>54<br>171                |       | 32,324.71                              |       | .00<br>32.98                               | .005             |    | 207.21                   |      | .15         |
| MEDICAL  | 35                   | 56   |       | 1,999.72                               |       | 35.71                                      | .000             |    | 57.13<br>46.82<br>91.87  |      | .01         |
| SURGERY  | 38                   | 62   |       | 1,779.30                               |       | 28.70                                      | .000             |    | 46.82                    |      | .01         |
| PATHOLOGY  | 67                   | 406  |       | 6,155.53                               |       | 15.16                                      | .002             |    | 91.87                    |      | .03         |
| RADIOLOGY  | 35<br>38<br>67<br>29 | 406<br>54<br>171                                   |       | 5,557.35                               |       | 35.71<br>28.70<br>15.16<br>102.91<br>51.84 | .000             |    | 191.63                   |      | .03         |
| ROOM USE   | 85                   | 171  |       | 8,864.67                               |       | 51.84                                      | .001             |    | 104.29                   |      | .04         |
| CROSSOVERS/ALL OTH OUTPINT   | 96                   | 231  |       | 7,968.14                               |       | 34.49                                      | .001             |    | 83.00                    |      | .04         |
| #CALIF DEPT OF HEALTH SERV   |                      |  | S MOI | NTH-OF-PAYMENT R                       | REPOR | T FOR JAN 2                                | 2004 THRU D      | EC | 2004                     | PA   |             |
|  | FEE-FOR-SERVICE,     |  |       |  |       |  |                  |    |                          |      | 03/14/05    |
| SACRAMENTO COUNTY  | SUMMARY OF SERV      | ICES FOR MN-NOSOC                                  | -FAM  | 34 39 3N 3T 3V                         | 54 5  | 9 5J 5W-5Y                                 |                  |    |                          |      |             |
|  |                      |  |       |  |       |  | MC               |    |                          | GE - |             |
| 213,701 ELIGIBLES  | USERS                |  |       | EXPENDITURES                           | AV    | ERAGE COST                                 | UNITS/DAYS       |    |                          |      | OST PER     |
|  |                      | OR DAYS OF CARE                                    |       |  |       | R UNIT/DAY                                 |                  |    | USER                     |      |             |
|  | 15 <b>,</b> 573      |  | \$    | 18,532,944.06                          | \$    | 250.56                                     | .346             |    | 1190.07                  |      | 86.72       |
| COMM HOSP INPATIENT TOTAL  | 2,857                | 12,338   |       | 16,994,855.54                          |       |  | .058             |    | 5948.50                  |      | 79.53       |
| HSC HOSPITALS  | 2,722                | 11,567   |       | 15,782,913.47                          |       | 1364.48                                    | .054             |    | 5798.28                  |      | 73.86       |
| NON-HSC HOSPITALS TOTAL  | 137                  | 771  |       | 1,204,388.75                           |       | 1562.11                                    | .004             |    | 8791.16                  |      | 5.64        |
| ACCOMMODATIONS   | 132                  | 771  |       | 611,366.78                             |       | 792.95                                     | .004             |    | 4631.57                  |      | 2.86        |
| ADMINISTRATIVE DAYS  | 1                    | 1  |       | 231.30                                 |       | 231.30                                     | .000             |    | 231.30                   |      | .00         |
| TRANSITIONAL IP CARE   | 0                    | 0  |       | .00                                    |       | .00  | .000             |    | .00                      |      | .00         |
| ALL OTHER ACCOM  | 131                  | 770  |       | 611,135.48                             |       | 793.68                                     | .004             |    | 4665.16                  |      | 2.86        |
| ANCILLARIES  | 135                  | 0  |       | 593 <b>,</b> 021.97                    |       | .00  | .000             |    | 4392.76                  |      | 2.78        |
| INPATIENT CROSSOVERS   | 8                    | 0  |       | 7,553.32                               |       | .00  | .000             |    | 944.17                   |      | .04         |
| ATT OMUED TNDAMTENM  | <u> </u>             | 0  |       | 0.0                                    |       | 0.0  | $\cap \cap \cap$ |    | 0.0                      |      | $\cap \cap$ |

ALL OTHER INPATIENT

0

.00

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.00

.00

|                              | 40.040             |                 |       |                     |       |              |         |     |          |    |            |
|------------------------------|--------------------|-----------------|-------|---------------------|-------|--------------|---------|-----|----------|----|------------|
| COMM HOSP OUTPATIENT TOTAL   | 13,949             | 61,628          |       | 1,538,088.52        |       | 24.96        | .288    |     | 110.27   |    | 7.20       |
| MEDICAL                      | 2,057              | 2,773           |       | 93,967.45           |       |              | .013    |     | 45.68    |    | . 44       |
| SURGERY                      | 1,092              | 1,511           |       | 52,194.96           |       | 34.54        | .007    |     | 47.80    |    | .24        |
| PATHOLOGY                    | 4,931              | 25 <b>,</b> 677 |       | 238,371.48          |       | 9.28         | .120    |     | 48.34    |    | 1.12       |
| RADIOLOGY                    | 3,181              | 4,670           |       | 390,129.86          |       | 83.54        | .022    |     | 122.64   |    | 1.83       |
| ROOM USE                     | 8 <b>,</b> 076     | 10,416          |       | 390,272.54          |       |              | .049    |     | 48.32    |    | 1.83       |
| CROSSOVERS/ALL OTH OUTPTNT   | ,                  | 16 <b>,</b> 581 |       | 373,152.23          |       | 22.50        | .078    |     | 52.93    |    | 1.75       |
| @STATE HOSPITAL              | 0                  | 0               | \$    | .00                 | \$    | .00          | .000    | \$  |          | \$ | .00        |
| MENTALLY ILL                 | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| DEVELOP. DISABLED            | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| @NURSING FACILITY            | 19                 | 479             | \$    | 161,767.31          | \$    | 337.72       | .002    | \$  | 8514.07  | \$ | .76        |
| LEV A-INTERMEDIATE           | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| LEV B-REHAB MD               | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| LEV B-SUBACUTE FREESTANDING  | 5                  | 199             |       | 122,164.11          |       | 613.89       | .001    |     | 24432.82 |    | .57        |
| LEV B-SUBACUTE HSPTL BASED   | 0                  | 0               |       | 1,979.10            |       | .00          | .000    |     | .00      |    | .01        |
| LEV B-TRANSITIONAL IP CARE   | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| LEV B-REGULAR                | 14                 | 280             |       | 37,624.10           |       | 134.37       | .001    |     | 2687.44  |    | .18        |
| @INTERMEDIATE CARE FACILDD   | 0                  | 0               | \$    | .00                 | \$    | .00          | .000    | \$  | .00      | \$ | .00        |
| ICF DDH                      | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| ICF DD                       | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| ICF DDN/DDCN                 | 0                  | 0               |       | .00                 |       | .00          | .000    |     | .00      |    | .00        |
| @HEMODIALYSIS TOTAL          | 126                | 13,505          | \$    | 338,116.48          | \$    | 25.04        | .063    | \$  | 2683.46  | \$ | 1.58       |
| HOSPITAL BASED               | 6                  | 68              |       | 13,405.15           |       | 197.13       | .000    |     | 2234.19  |    | .06        |
| HEMODIALYSIS CENTER          | 120                | 13,437          |       | 324,711.33          |       | 24.17        | .063    |     | 2705.93  |    | 1.52       |
| @REHABILITATION FACILITY     | 200                | 1,222           | \$    | 27,236.17           | \$    | 22.29        | .006    | \$  | 136.18   | \$ | .13        |
| HOSPITAL BASED               | 85                 | 272             |       | 9,177.02            |       | 33.74        | .001    |     | 107.96   |    | .04        |
| INDEPENDENT FACILITY         | 116                | 950             |       | 18,059.15           |       | 19.01        | .004    |     | 155.68   |    | .08        |
| @LABORATORY FACILITY         | 8,239              | 24,809          | \$    | 318,598.18          | \$    | 12.84        | .116    | \$  | 38.67    | \$ | 1.49       |
| PATHOLOGY                    | 8,237              | 24,805          |       | 318,571.53          |       | 12.84        | .116    |     | 38.68    |    | 1.49       |
| XO AND OTHERS                | . 3                | 4               |       | 26.65               |       | 6.66         | .000    |     | 8.88     |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 6,796              | 22,363          | \$    | 863,869.80          | \$    |              | .105    | \$  | 127.11   | \$ | 4.04       |
| CLINIC                       | 5 <b>,</b> 138     | 19,000          |       | 535,817.60          |       | 28.20        | .089    |     | 104.29   | ·  | 2.51       |
| SURGICENTER                  | 140                | 794             |       | 24,562.77           |       | 30.94        | .004    |     | 175.45   |    | .11        |
| HEROIN DETOX CLINIC          | 14                 | 173             |       | 1,876.67            |       | 10.85        | .001    |     | 134.05   |    | .01        |
| RURAL HEALTH CLINIC          | 1,515              | 2,396           |       | 301,612.76          |       | 125.88       | .011    |     | 199.08   |    | 1.41       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES  |                 | RES M |                     | EPORT |              |         | DEC |          | Р  | AGE 10,668 |
| MOP024                       | FEE-FOR-SERVICE/DE |                 |       |                     |       | 20           |         |     |          | -  | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICE |                 | OC-FA | AM 34 39 3N 3T 3V 5 | 54 59 | 9 5J 5W-5Y 6 | J 7J 7K |     |          |    |            |

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 213,701 ELIGIBLES USERS UNITS OF SERVICE PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 25,485 1,665,902.75 \$ 9.86 @ALL OTHER PROVIDERS 169,040 \$ .791 \$ 65.37 \$ 7.80 DURABLE MED. EQUIP. 236 1,298 64,661.20 49.82 .006 273.99 .30 0 0 .00 .00 .00 BLOOD BANK .000 .00 0 .00 HEARING AID DISPENSERS .00 .000 .00 170.85 MEDICAL TRANSPORTATION 1,147 15,005 195,970.07 13.06 .070 .92 1,123 8,229 139,149.34 16.91 .039 123.91 AMBULANCES/AIR TRANS 19,350.19 2.87 37,470.54 1135.47 324.37 20.27 2,664.92 70.13 155,700.00 104.92 25 6,743 774.01 .09 OTHER TRANS .032 OTHER SERVICES 33 33 1135.47 .000 .18 .000 40.55 ACUPUNCTURE 4 ADULT DAY HEALTH CARE CTR 38 .000 666.23 .01 1,484 .73 GENETIC DISEASE TESTING 1,479 .007 105.27 139 437.51 10135.61 IHMC, MODEL-NF, NF, AIDS, MSSP 60,813.65 .001 1 20.70 124.19 OCCUPATIONAL THERAPIST 6 124.19 .000 .00 6**,**792 19.35 OPTICIAN 14,199 131,406.39 9.25 .066 .61 PHYSICAL THERAPIST 1,214.61 15.77 .000 86.76 .01

| PORTABLE X-RAY                | 1      | 3       | 87.96              | 29.32       | .000 | 87.      | 96 | .00         |
|-------------------------------|--------|---------|--------------------|-------------|------|----------|----|-------------|
| PROSTHETIST/ORTHOTISTS        | 71     | 118     | 16,089.25          | 136.35      | .001 | 226.     | 61 | .08         |
| PROSTHETICS                   | 70     | 116     | 15,971.33          | 137.68      | .001 | 228.     | 16 | .07         |
| ORTHOTICS                     | 1      | 2       | 117.92             | 58.96       | .000 | 117.     | 92 | .00         |
| PSYCHOLOGIST                  | 18     | 66      | 1,365.29           | 20.69       | .000 | 75.      | 85 | .01         |
| SPEECH AND AUDIOLOGY          | 16     | 94      | 4,538.28           | 48.28       | .000 | 283.     | 64 | .02         |
| HOSPICE SERVICES              | 10     | 137     | 18,796.09          | 137.20      | .001 | 1879.    | 61 | .09         |
| NONINST BIRTHING CENTERS      | 8      | 8       | 8,015.08           | 1001.89     | .000 | 1001.    | 89 | .04         |
| LOCAL EDUCATION AGENCIES      | 15,650 | 94,373  | 948,063.38         | 10.05       | .442 | 60.      | 58 | 4.44        |
| EPSDT SUPPLEMENTAL SERVICE    | 11     | 880     | 25,880.80          | 29.41       | .004 | 2352.    | 80 | .12         |
| RESPIRATORY CARE PRACT.       | 0      | 0       | .00                | .00         | .000 |          | 00 | .00         |
| PED SUBACUTE REHAB/WEANING    | 0      | 0       | .00                | .00         | .000 |          | 00 | .00         |
| ALL OTHER PROVIDERS           | 165    | 41,099  | 30,187.22          | .73         | .192 | 182.     | 95 | .14         |
| @CALIF. CHILDREN SERVICES*    | 4,232  | 116,889 | \$<br>9,032,872.50 | \$<br>77.28 | .547 | \$ 2134. | 42 | \$<br>42.27 |
| @XOVER EXCLUDING STATE HOSP** | 114    | 705     | \$<br>20,939.35    | \$<br>29.70 | .003 | \$ 183.  | 68 | \$<br>.10   |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,669
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

| SACRAMENTO COUNTY          | SUMMARY OF SER  | VICES FOR MN - NO | SOC | - TOTAL             |              |           |          |          |
|----------------------------|-----------------|-------------------|-----|---------------------|--------------|-----------|----------|----------|
|                            |                 |                   |     |                     |              |           |          | .GE      |
| 312,503 ELIGIBLES          | USERS           | UNITS OF SERVICE  |     | EXPENDITURES        | AVERAGE COST |           | COST PER | COST PER |
|                            |                 | OR DAYS OF CARE   |     |                     | PER UNIT/DAY |           | USER     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 163,923         | 3,431,504         | \$  | 89,277,884.06       | \$ 26.02     | 10.981 \$ |          | •        |
| @PHYSICIANS SERVICES       | 50,166          | 197,268           | \$  | 9,884,663.70        | \$ 50.11     | .631 \$   |          | •        |
| OUTPATIENT VISITS          | 27 <b>,</b> 906 | 43,387            |     | 1,827,406.62        | 42.12        | .139      | 65.48    | 5.85     |
| OFFICE VISITS              | 16,442          | 21 <b>,</b> 729   |     | 757 <b>,</b> 845.88 | 34.88        | .070      | 46.09    | 2.43     |
| HOME VISITS                | 5               | 10                |     | 414.95              | 41.50        | .000      | 82.99    | .00      |
| EMERGENCY ROOM             | 6 <b>,</b> 278  | 7 <b>,</b> 119    |     | 440,216.11          | 61.84        | .023      | 70.12    | 1.41     |
| PREVENTIVE CARE            | 37              | 37                |     | 1,486.61            | 40.18        | .000      | 40.18    | .00      |
| OB VISITS/COMPRE PERI      | 4,529           | 11,704            |     | 550,016.18          | 46.99        | .037      | 121.44   | 1.76     |
| OTHER OUTPATIENT           | 2,250           | 2,788             |     | 77,426.89           | 27.77        | .009      | 34.41    | .25      |
| INPATIENT VISITS           | 4,802           | 25 <b>,</b> 165   |     | 1,685,610.22        | 66.98        | .081      | 351.02   | 5.39     |
| HOSPITAL VISITS            | 4,362           | 19,931            |     | 872,035.67          | 43.75        | .064      | 199.92   | 2.79     |
| CRITICAL CARE              | 683             | 5,018             |     | 805,921.77          | 160.61       | .016      | 1179.97  | 2.58     |
| SNF/ICF/TRANS IP CARE      | 105             | 216               |     | 7,652.78            | 35.43        | .001      | 72.88    | .02      |
| OPHTHALMOLOGICAL SERVICES  | 777             | 1,080             |     | 44,218.39           | 40.94        | .003      | 56.91    | .14      |
| EXAMINATIONS               | 736             | 1,035             |     | 43,127.74           | 41.67        | .003      | 58.60    | .14      |
| SERVICES AND MATERIALS     | 45              | 45                |     | 1,090.65            | 24.24        | .000      | 24.24    | .00      |
| INPATIENT HOSPITAL SURGERY | 3 <b>,</b> 890  | 20,351            |     | 2,494,534.94        | 122.58       | .065      | 641.27   | 7.98     |
| PRINCIPAL SURGEON          | 2,855           | 4,785             |     | 2,037,357.83        | 425.78       | .015      | 713.61   | 6.52     |
| ASSISTANT SURGEON          | 373             | 386               |     | 79,661.88           | 206.38       | .001      | 213.57   | .25      |
| ANESTHESIOLOGIST           | 1,510           | 15,180            |     | 377,515.23          | 24.87        | .049      | 250.01   | 1.21     |
| OUTPATIENT SURGERY         | 2,975           | 6,775             |     | 697,026.84          | 102.88       | .022      | 234.29   | 2.23     |
| PRINCIPAL SURGEON          | 2,583           | 3,441             |     | 598,500.06          | 173.93       | .011      | 231.71   | 1.92     |
| ASSISTANT SURGEON          | 23              | 23                |     | 4,234.36            | 184.10       | .000      | 184.10   | .01      |
| ANESTHESIOLOGIST           | 702             | 3,311             |     | 94,292.42           | 28.48        | .011      | 134.32   | .30      |
| DIALYSIS                   | 418             | 1,780             |     | 128,035.99          | 71.93        | .006      | 306.31   | .41      |
| PATHOLOGY                  | 4,352           | 11,055            |     | 183,745.52          | 16.62        | .035      | 42.22    | .59      |
| RADIOLOGY                  | 11,491          | 27,800            |     | 1,277,022.72        | 45.94        | .089      | 111.13   | 4.09     |
| PSYCHIATRY                 | 22              | 28                |     | 1,713.56            | 61.20        | .000      | 77.89    | .01      |
| IMMUNIZATION AND INJECTION | 1,249           | 14,887            |     | 447,448.12          | 30.06        | .048      | 358.25   | 1.43     |
| OTHER SERVICES/ALL X-OVERS | 15 <b>,</b> 197 | 44,960            |     | 1,097,900.78        | 24.42        | .144      | 72.24    | 3.51     |
| @PHARMACY                  | 83,491          | 1,618,900         |     |                     |              |           | 296.56   | \$ 79.23 |
| PRESCRIPTION DRUGS         | 81,962          | 324,832           | •   | 23,662,658.07       | 72.85        | 1.039     | 288.70   | 75.72    |
|                            | •               | •                 |     | •                   |              |           |          |          |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| SNF/ICF                    | 1,660           | 11,596           |       | 666,116.12          |       | 57.44       | .037      |      | 401.27    |    | 2.13       |
|----------------------------|-----------------|------------------|-------|---------------------|-------|-------------|-----------|------|-----------|----|------------|
| OUTPATIENTS                | 80,643          | 313,236          |       | 22,996,541.95       |       | 73.42       | 1.002     |      | 285.16    |    | 73.59      |
| MEDICAL SUPPLIES           | 7,326           | 1,294,068        |       | 1,097,280.64        |       | .85         | 4.141     |      | 149.78    |    | 3.51       |
| @DENTIST                   | 8 <b>,</b> 899  | 44,872           | \$    | 1,455,155.61        | \$    | 32.43       | .144      | \$   | 163.52    | \$ | 4.66       |
| VISITS - DIAGNOSTIC        | 6 <b>,</b> 119  | 28,606           |       | 351,755.40          |       | 12.30       | .092      |      | 57.49     |    | 1.13       |
| ORAL SURGERY               | 1,817           | 4,726            |       | 226,269.75          |       | 47.88       | .015      |      | 124.53    |    | .72        |
| DRUGS                      | 42              | 47               |       | 730.00              |       | 15.53       | .000      |      | 17.38     |    | .00        |
| ANESTHESIA                 | 14              | 13               |       | 1,300.00            |       | 100.00      | .000      |      | 92.86     |    | .00        |
| PERIODONTICS               | 415             | 464              |       | 41,111.99           |       | 88.60       | .001      |      | 99.07     |    | .13        |
| ENDODONTICS                | 569             | 885              |       | 131,962.75          |       | 149.11      | .003      |      | 231.92    |    | .42        |
| RESTORATIVE DENTISTRY      | 2,435           | 6 <b>,</b> 572   |       | 337,411.20          |       | 51.34       | .021      |      | 138.57    |    | 1.08       |
| PROSTHETICS                | 71              | 77               |       | 2,348.50            |       | 30.50       | .000      |      | 33.08     |    | .01        |
| DENTURES, STAYPLATES       | 910             | 2,714            |       | 351,644.95          |       | 129.57      | .009      |      | 386.42    |    | 1.13       |
| SPACE MAINTAINERS          | 32              | 42               |       | 3,831.00            |       | 91.21       | .000      |      | 119.72    |    | .01        |
| MAXILLOFACIAL SERVICES     | 7               | 7                |       | 148.07              |       | 21.15       | .000      |      | 21.15     |    | .00        |
| FRACTURES, DISLOCATIONS    | 1               | 2                |       | 1,350.00            |       | 675.00      | .000      |      | 1350.00   |    | .00        |
| ORTHODONTIC SERVICES       | 134             | 194              |       | 4,497.00            |       | 23.18       | .001      |      | 33.56     |    | .01        |
| ALL OTHER SERVICES         | 226             | 523              |       | 795.00              |       | 1.52        | .002      |      | 3.52      |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITU | RES I | MONTH-OF-PAYMENT RI | EPOR' | T FOR JAN 2 | 2004 THRU | DEC  | 2004      | P  | AGE 10,670 |
| MOP024                     | FEE-FOR-SERVICE | /DENTAL          |       |                     |       |             |           |      |           |    | 03/14/05   |
| SACRAMENTO COUNTY          | SUMMARY OF SERV | ICES FOR MN - NO | ) SO  | C - TOTAL           |       |             |           |      |           |    |            |
|                            |                 |                  |       |                     |       |             | M         | ONT: | HLY AVERA | GΕ |            |
| 312,503 ELIGIBLES          | USERS           | UNITS OF SERVICE | €     | EXPENDITURES        | AVI   | ERAGE COST  | UNITS/DAY | S    | COST PER  |    | COST PER   |
|                            |                 | OR DAYS OF CAR   | €     |                     | PEI   | R UNIT/DAY  | PER ELIG  |      | USER      |    | ELIGIBLE   |
| @OPTOMETRIST               | 2,327           | 7,074            | \$    | 153,760.54          | \$    |             | .023      | \$   | 66.08     | \$ | .49        |
| DIAGNOSTIC AND ANC. PROCED | 1,402           | 1,514            |       | 60,949.77           |       | 40.26       | .005      |      | 43.47     |    | .20        |
| EYE APPLIANCES             | 1,812           | 5,421            |       | 88,644.36           |       | 16.35       | .017      |      | 48.92     |    | .28        |
| OTHER OPTOMETRIC SERVICES  | 106             | 139              |       | 4,166.41            |       | 29.97       | .000      |      | 39.31     |    | .01        |
| @CHIROPRACTOR              | 53              | 92               | \$    | 1,459.41            | \$    | 15.86       | .000      | \$   | 27.54     | \$ | .00        |
| VISITS                     | 49              | 86               |       | 1,396.12            |       | 16.23       | .000      |      | 28.49     |    | .00        |
| OTHER SERVICES             | 4               | 6                |       | 63.29               |       | 10.55       | .000      |      | 15.82     |    | .00        |
| @PODIATRIST                | 1,090           | 2,794            | \$    | 33,710.26           | \$    | 12.07       | .009      | \$   | 30.93     | \$ | .11        |
|                            |                 |                  |       |                     |       |             |           |      |           |    |            |

| MEDICINE/INJECTIONS                      | 213                  | 249                   | 8,533.60      | 34.27            | .001          | 40.06      | .03         |
|--|----------------------|-----------------------|---------------|------------------|---------------|------------|-------------|
| SURGERY/ANES.                            | 26                   | 34                    | 1,522.98      | 44.79            | .000          | 58.58      | .00         |
| RADIO./PATHOLOGY                         | 16                   | 24                    | 468.92        | 19.54            | .000          | 29.31      | .00         |
| OTHER                                    | 874                  | 2,487                 | 23,184.76     | 9.32             | .008          | 26.53      | .07         |
| @HOME HEALTH AGENCY                      | 752                  | 57,667 \$             |               | \$ 32.90         |               | 2522.96    |             |
| NURSE ANESTHESIST                        | 101                  | 672 \$                | 9,758.46      | \$ 14.52         | .002          |            | \$ .03      |
| NURSE MIDWIFE                            | 55                   | 513 \$                | 15,144.40     | \$ 29.52         | .002 \$       |            |             |
| PEDIATRIC NURSE PRACTITIONER             |                      | 1 \$                  | 57.20         | \$ 57.20         | .000 \$       |            |             |
| FAMILY NURSE PRACTITIONER                | 148                  | 410 \$                | 10,858.71     | \$ 26.48         | .001          |            |             |
| @TOTAL HOSPITAL                          | 23,794               | 155,797 \$            |               | \$ 231.88        |               | 1518.29    |             |
| HOSP INPATIENT TOTAL                     | 4,510                | 25,231                | 32,849,114.79 | 1301.93          | .081          | 7283.62    | 105.12      |
| HSC HOSPITALS                            | 3,952                | 23,231                | 29,942,040.52 | 1297.60          | .074          | 7576.43    | 95.81       |
| NON-HSC HOSPITAL TOTAL                   | 257                  | 2,156                 |               | 1178.23          | .007          | 9884.31    | 8.13        |
|  | 250                  |                       | 2,540,266.55  |                  | .007          | 4577.22    | 3.66        |
| ACCOMMODATIONS                           |                      | 2,156                 | 1,144,305.00  | 530.75           |               |            |             |
| ADMINISTRATIVE DAYS                      | 11<br>0              | 102                   | 15,429.88     | 151.27           | .000          | 1402.72    | .05         |
| TRANSITIONAL IP CARE                     |                      |                       | .00           | .00              | .000          | .00        | .00         |
| ALL OTHER ACCOM                          | 239                  | 2,054                 | 1,128,875.12  | 549.60           | .007          | 4723.33    | 3.61        |
| ANCILLARIES                              | 255                  | 0                     | 1,395,961.55  | .00              | .000          | 5474.36    | 4.47        |
| INPATIENT CROSSOVERS                     | 368                  | 0                     | 366,807.72    | .00              | .000          | 996.76     | 1.17        |
| ALL OTHER INPATIENT                      | 0                    | 0                     | .00           | .00              | .000          | .00        | .00         |
| HOSP OUTPATIENT TOTAL                    | 20,977               | 130,566               | 3,276,971.17  | 25.10            | .418          | 156.22     | 10.49       |
| MEDICAL                                  | 3,438                | 5,155                 | 233,760.03    | 45.35            | .016          | 67.99      | .75         |
| SURGERY                                  | 1,522                | 2,028                 | 86,739.03     | 42.77            | .006          | 56.99      | .28         |
| PATHOLOGY                                | 7,230                | 45,861                | 388,527.87    | 8.47             | .147          | 53.74      | 1.24        |
| RADIOLOGY                                | 4,599                | 7,621                 | 653,464.92    | 85.75            |               | 142.09     | 2.09        |
| ROOM USE                                 | 10,758               | 15,314                | 589,294.51    | 38.48            | .049          | 54.78      | 1.89        |
| CROSSOVERS/ALL OTH OUTPTNT               |                      | 54,587                | 1,325,184.81  | 24.28            | .175          | 117.37     | 4.24        |
| @COUNTY HOSPITAL TOTAL                   | 261                  | 1,918 \$              |               | \$ 332.73        |               | 2445.13    |             |
| CO HOSPITAL INPATIENT TOTAL              |                      | 467                   | 592,688.87    | 1269.14          | .001          | 11182.81   | 1.90        |
| HSC HOSPITALS                            | 52                   | 463                   | 583,780.36    | 1260.86          | .001          | 11226.55   | 1.87        |
| NON-HSC HOSPITALS TOTAL                  | 1                    | 4                     | 8,908.51      | 2227.13          | .000          | 8908.51    | .03         |
| ACCOMMODATIONS                           | 1                    | 4                     | 2,138.40      | 534.60           | .000          | 2138.40    | .01         |
| ADMINISTRATIVE DAYS                      | 0                    | 0                     | .00           | .00              | .000          | .00        | .00         |
| TRANSITIONAL IP CARE                     | 1                    | 0                     | .00           | .00              | .000          | .00        | .00         |
| ALL OTHER ACCOM                          | 1                    | 0                     | 2,138.40      | 534.60           | .000          | 2138.40    | .01         |
| ANCILLARIES                              | 0                    | 0                     | 6,770.11      | .00              | .000          | 6770.11    | .02         |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT | 0                    | 0                     | .00           | .00              | .000          | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL                 | 228                  | 1 <b>,</b> 451        | 45,489.05     | 31.35            | .005          | 199.51     | .15         |
| MEDICAL                                  | 65                   | 110                   | 3,509.90      | 31.91            | .000          | 54.00      | .01         |
| SURGERY                                  | 45                   | 72                    | 2,307.48      | 32.05            | .000          | 51.28      | .01         |
| PATHOLOGY                                | 87                   | 552                   | 8,010.57      | 14.51            | .002          | 92.08      | .03         |
| RADIOLOGY                                | 45                   | 87                    | 8,185.16      | 94.08            | .000          | 181.89     | .03         |
| ROOM USE                                 | 117                  | 238                   | 11,579.81     | 48.65            | .001          | 98.97      | .04         |
| CROSSOVERS/ALL OTH OUTPTNT               |                      | 392                   | 11,896.13     | 30.35            | .001          | 82.04      | .04         |
|  |                      | CES AND EXPENDITURES  |               |                  |               |            | PAGE 10,671 |
| MOP024                                   | FEE-FOR-SERVICE      |                       |               | DIOINI ION OIN 2 | 2001 IIIKO DL | 10 2001    | 03/14/05    |
| SACRAMENTO COUNTY                        |                      | VICES FOR MN - NO SO  | C - TOTAL     |                  |               |            | 03/11/00    |
|  | 00111111111 01 01111 | 1020 1011 1111 110 00 | 0 101112      |                  | MON           | THLY AVERA | GE          |
| 312,503 ELIGIBLES                        | USERS                | UNITS OF SERVICE      | EXPENDITURES  | AVERAGE COST     |               |            | COST PER    |
| ·  |                      | OR DAYS OF CARE       |               | PER UNIT/DAY     |               | USER       | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL                | 23,559               | 153 <b>,</b> 879 \$   | 35,487,908.04 | \$ 230.62        |               | 1506.34    | \$ 113.56   |
| COMM HOSP INPATIENT TOTAL                | 4,457                | 24,764                | 32,256,425.92 | 1302.55          | .079          | 7237.25    | 103.22      |
| HSC HOSPITALS                            | 3,900                | 22,612                | 29,358,260.16 | 1298.35          | .072          | 7527.76    | 93.95       |
| NON-HSC HOSPITALS TOTAL                  | 256                  | 2,152                 | 2,531,358.04  | 1176.28          | .007          | 9888.12    | 8.10        |
| ACCOMMODATIONS                           | 249                  | 2,152                 | 1,142,166.60  | 530.75           | .007          | 4587.01    | 3.65        |
|  |                      |                       |               |                  |               |            |             |

| ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | 11              | 102                       |       | 15,429.88                  |       | 151.27                 | .000       | 1402.      |          |     | .05       |  |
|---|-----------------|---------------------------|-------|----------------------------|-------|------------------------|------------|------------|----------|-----|-----------|--|
| TRANSITIONAL IP CARE  | 0               | 0                         |       | .00                        |       | .00                    | .000       |            | 00       |     | .00       |  |
| ALL OTHER ACCOM   | 238             | 2,050                     |       | 1,126,736.72               |       | 549.63                 | .007       | 4734.      |          |     | 3.61      |  |
| ANCILLARIES   | 254             | 0                         |       | 1,389,191.44               |       | .00                    | .000       | 5469.      |          |     | 4.45      |  |
| INPATIENT CROSSOVERS  | 368             | 0                         |       | 366,807.72                 |       | .00                    | .000       | 996.       |          |     | 1.17      |  |
| ALL OTHER INPATIENT   | 0               | 0                         |       | .00                        |       | .00                    | .000       |            | 00       |     | .00       |  |
| COMM HOSP OUTPATIENT TOTAL  | 20 <b>,</b> 770 | 129,115                   |       | 3,231,482.12               |       | 25.03                  | .413       | 155.       | 58       |     | 10.34     |  |
| MEDICAL   | 3,3/0           | 5,045                     |       | 230,250.13                 |       | 45.64                  | .016       | 68.<br>57. | 20       |     | .74       |  |
| SURGERY   | 1,477           | 1,956                     |       | 84,431.55                  |       | 43.17                  |            |            |          |     | .27       |  |
| PATHOLOGY   | 7,152           | 45,309                    |       |                            |       | 45.64<br>43.17<br>8.40 | .145       |            | 20       |     | 1.22      |  |
| RADIOLOGY   | 4,558           | 7,534                     |       | 645,279.76                 |       | 85.65<br>38.32         | .024       | 141.       |          |     | 2.06      |  |
| ROOM USE  | 10,651          | 15,076                    |       | 577,714.70                 |       | 38.32                  | .048       | 54.        |          |     | 1.85      |  |
| CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTI, BASED   | 11,148          | 54,195                    |       | 1,313,288.68               |       | 24.23                  | .173       | 117.       |          |     | 4.20      |  |
| @STATE HOSPITAL   | 0               | 0<br>0<br>0<br>38,508     | Ş     | .00                        | \$    | .00                    | .000       |            | 00       | Ş   | .00       |  |
| MENTALLY ILL  | 0               | 0                         |       | .00                        |       | .00                    | .000       |            | 00       |     | .00       |  |
| DEVELOP. DISABLED   | 1 150           | 0                         |       | .00                        |       | .00                    | .000       |            | 00       | _   | .00       |  |
| @NURSING FACILITY   | 1,450           | 38,508                    | \$    | 5,509,031.85               | Ş     | 143.06                 |            | \$ 3799.   |          | Ş   | 17.63     |  |
| LEV A-INTERMEDIATE  | 36              | 1,279                     |       | 102,491.80                 |       | 80.13                  | .004       | 2846.      |          |     | .33       |  |
| LEV B-KEHAB MD  | 15              | 515                       |       | 65,378.55                  |       | 126.95                 | .002       | 4358.      |          |     | .21       |  |
| LEV B-SUBACUTE FREESTANDING   | 0               | 24/                       |       | 137,915.87                 |       | 558.36                 | .001       | 22985.     |          |     | .44       |  |
| LEV B-SUBACUTE HSPTL BASED  | 22              | 700                       |       | 393,154.98                 |       | 561.65<br>.00          | .002       | 17870.     | 68<br>00 |     | 1.26      |  |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY | 1 275           | 247<br>700<br>0<br>35,767 |       | .00                        |       | 134.48                 |            | 3498.      |          |     | 15.39     |  |
| LEV B-REGULAR   | 1,3/5           | 2,114                     | \$    | 4,810,090.65<br>379,093.70 | ċ     | 134.48                 | .114       | \$ 5832.   |          | ċ   | 15.39     |  |
| GINIERMEDIAIE CARE FACILDD  | 0 J<br>/ 1      | 1,398                     | ş     | 231,763.48                 | Ą     | 165.78                 | .007       | 5652.      |          | ې   | .74       |  |
| ICF DDA   | U<br>41         | 1,390                     |       | .00                        |       | .00                    | .000       |            | 00       |     | .00       |  |
| ICF DDM/DDCM  | 24              | 716                       |       | 147,330.22                 |       | 205.77                 | .002       | 6138.      |          |     | .47       |  |
| AUEMODIALVETS TOTAL   | 1 303           | 56,283                    | Ġ     | 1,866,090.04               | Ċ     |                        |            | \$ 1432.   |          | Ċ   | 5.97      |  |
| HOSPITAL BASED  | 1,303           | 100                       | Ÿ     | 19,725.46                  | Y     | 197.25                 | .000       | 2191.      | 72       | 7   | .06       |  |
| HEMODIALYSIS CENTER   | 1 294           | 56,183                    |       | 1,846,364.58               |       | 32.86                  | .180       | 1426.      |          |     | 5.91      |  |
| AREHARILITATION FACILITY  | 519             | 5 <b>,</b> 690            | \$    | 105,495.68                 | Ś     |                        |            | \$ 203.    |          | Ś   | .34       |  |
| HOSPITAL BASED  | 161             | 754                       | ٧     | 22,213.53                  | ۲     | 29.46                  | .002       | 137.       |          | 7   | .07       |  |
| INDEPENDENT FACILITY  | 359             |                           |       | 83,282.15                  |       | 16.87                  |            | 231.       |          |     | .27       |  |
| QLABORATORY FACILITY  | 11.663          | 4,936<br>40,898           | Ś     | 490,423.37                 | Ś     | 11.99                  | .131       | \$ 42.     | 05       | Ś   | 1.57      |  |
| PATHOLOGY   | 11,584          | 40,606                    | 7     | 488,517.00                 | 4     | 12.03                  | .130       | 42.        | 17       | т   | 1.56      |  |
| XO AND OTHERS   | 81              | 40,606<br>292             |       | 1,906.37                   |       | 6.53                   | .001       | 23.        |          |     | .01       |  |
| @ORGANIZED OUTPATIENT CLINIC  | 8,480           | 26,691                    | \$    | 1,064,000.04               |       | 39.86                  | .085       |            |          | Ś   | 3.40      |  |
| CLINIC  | 6,059           | 21,238                    |       | 583,004.94                 | '     | 27.45<br>46.43         | .068       | 96.        |          |     | 1.87      |  |
| SURGICENTER   | 437             | 2,135                     |       | 99,135.76                  |       | 46.43                  | .007       | 226.       |          |     | .32       |  |
| HEROIN DETOX CLINIC   | 16              | 190                       |       | 2,098.32                   |       | 11.04                  | .001       | 131.       |          |     | .01       |  |
| CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC  | 1,982           | 3,128                     |       | 379,761.02                 |       | 121.41                 | .010       | 191.       |          |     | 1.22      |  |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC |                           | RES : | MONTH-OF-PAYMENT R         | EPORT | FOR JAN 2              | 2004 THRU  | DEC 2004   |          | PA  | GE 10,672 |  |
| MOP024  | FEE-FOR-SERVICE | C/DENTAL                  |       |                            |       |                        |            |            |          |     | 03/14/05  |  |
| SACRAMENTO COUNTY   | SUMMARY OF SERV | VICES FOR MN - N          | 0 S0  | C - TOTAL                  |       |                        |            |            |          |     |           |  |
|   |                 |                           |       |                            |       |                        | Mo         | ONTHLY AV  | ERAG     | E - |           |  |
| 312,503 ELIGIBLES   | USERS           | UNITS OF SERVIC           |       | EXPENDITURES               | AVE   | RAGE COST              | UNITS/DAY: | S COST P   | ER       | C   | OST PER   |  |
|   |                 | OR DAYS OF CAR            | E     |                            | PER   | UNIT/DAY               | PER ELIG   | USER       |          | E   | LIGIBLE   |  |
| @ALL OTHER PROVIDERS  | 37 <b>,</b> 172 | 1,175,260                 | \$    | 5,515,893.96               | \$    | 4.69                   | 3.761      | \$ 148.    | 39       | \$  | 17.65     |  |
| DURABLE MED. EQUIP.   | 1,034           | 5 <b>,</b> 175            |       | 495,124.79                 |       | 95.68                  | .017       | 478.       | 84       |     | 1.58      |  |
| BLOOD BANK  | 0               | 0                         |       | .00                        |       | .00                    | .000       |            | 00       |     | .00       |  |
| HEARING AID DISPENSERS  | 58              | 72                        |       | 31,235.72                  |       | 433.83                 | .000       | 538.       | 55       |     | .10       |  |
| MEDICAL TRANSPORTATION  | 3,496           | 190,791                   |       | 880,418.86                 |       | 4.61                   | .611       | 251.       |          |     | 2.82      |  |
| AMBULANCES/AIR TRANS  | 2,018           | 15,230                    |       | 255 <b>,</b> 987.68        |       | 16.81                  | .049       | 126.       |          |     | .82       |  |
| OTHER TRANS   | 1,300           | 174 <b>,</b> 089          |       | 576,169.70                 |       | 3.31                   | .557       | 443.       |          |     | 1.84      |  |
| OTHER SERVICES  | 279             | 1,472                     |       | 48,261.48                  |       | 32.79                  | .005       | 172.       |          |     | .15       |  |
| ACUPUNCTURE   | 253             | 517                       |       | 9,346.51                   |       | 18.08                  | .002       | 36.        | 94       |     | .03       |  |
|   |                 |                           |       |                            |       |                        |            |            |          |     |           |  |

| ADULT DAY HEALTH CARE CTR      | 712    | 10 <b>,</b> 749  | 739 <b>,</b> 216.18 | 68.77    | .034  | 1038.22    | 2.37        |
|--------------------------------|--------|------------------|---------------------|----------|-------|------------|-------------|
| GENETIC DISEASE TESTING        | 1,483  | 1,488            | 156,120.00          | 104.92   | .005  | 105.27     | .50         |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 666    | 13,655           | 496,052.03          | 36.33    | .044  | 744.82     | 1.59        |
| OCCUPATIONAL THERAPIST         | 1      | 6                | 124.19              | 20.70    | .000  | 124.19     | .00         |
| OPTICIAN                       | 8,548  | 18,311           | 182,098.54          | 9.94     | .059  | 21.30      | .58         |
| PHYSICAL THERAPIST             | 79     | 507              | 7,175.30            | 14.15    | .002  | 90.83      | .02         |
| PORTABLE X-RAY                 | 80     | 160              | 1,392.87            | 8.71     | .001  | 17.41      | .00         |
| PROSTHETIST/ORTHOTISTS         | 164    | 519              | 57,669.10           | 111.12   | .002  | 351.64     | .18         |
| PROSTHETICS                    | 163    | 517              | 57 <b>,</b> 551.18  | 111.32   | .002  | 353.07     | .18         |
| ORTHOTICS                      | 1      | 2                | 117.92              | 58.96    | .000  | 117.92     | .00         |
| PSYCHOLOGIST                   | 31     | 85               | 1,834.34            | 21.58    | .000  | 59.17      | .01         |
| SPEECH AND AUDIOLOGY           | 369    | 1,290            | 96,661.64           | 74.93    | .004  | 261.96     | .31         |
| HOSPICE SERVICES               | 121    | 3,087            | 416,144.34          | 134.81   | .010  | 3439.21    | 1.33        |
| NONINST BIRTHING CENTERS       | 8      | 8                | 8,015.08            | 1001.89  | .000  | 1001.89    | .03         |
| LOCAL EDUCATION AGENCIES       | 17,211 | 167,569          | 1,387,584.13        | 8.28     | .536  | 80.62      | 4.44        |
| EPSDT SUPPLEMENTAL SERVICE     | 91     | 6 <b>,</b> 946   | 203 <b>,</b> 773.67 | 29.34    | .022  | 2239.27    | .65         |
| RESPIRATORY CARE PRACT.        | 0      | 0                | .00                 | .00      | .000  | .00        | .00         |
| PED SUBACUTE REHAB/WEANING     | 0      | 0                | .00                 | .00      | .000  | .00        | .00         |
| ALL OTHER PROVIDERS            | 4,105  | 754 <b>,</b> 325 | 345 <b>,</b> 906.67 | .46      | 2.414 | 84.26      | 1.11        |
| @CALIF. CHILDREN SERVICES*     | 4,834  | 137,498          | \$<br>9,673,659.77  | \$ 70.35 | .440  | \$ 2001.17 | \$<br>30.96 |
| @XOVER EXCLUDING STATE HOSP**  | 13,816 | 119,138          | \$<br>2,315,056.83  | \$ 19.43 | .381  | \$ 167.56  | \$<br>7.41  |
|                                |        |                  |                     |          |       |            |             |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,673
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

| CHOIGHENTO COCKIT          | DOIMMING OF DELIC | VICED FOR THE BOO F | 1000         | TITE CODE I  |            |             |            |
|----------------------------|-------------------|---------------------|--------------|--------------|------------|-------------|------------|
|                            |                   |                     |              |              | MON        | ITHLY AVERA | GE         |
| 1,029 ELIGIBLES            | USERS             | UNITS OF SERVICE    | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER   |
|                            |                   | OR DAYS OF CARE     |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE   |
| @TOTAL, ALL PROVIDERS      | 1,288             | 55 <b>,</b> 826 \$  | 1,852,650.84 | \$ 33.19     | 54.253     | 1438.39     | \$ 1800.44 |
| @PHYSICIANS SERVICES       | 163               | 464 \$              | 9,268.39     | \$ 19.97     | .451       | 56.86       | \$ 9.01    |
| OUTPATIENT VISITS          | 7                 | 10                  | 362.35       | 36.24        | .010       | 51.76       | .35        |
| OFFICE VISITS              | 5                 | 7                   | 256.80       | 36.69        | .007       | 51.36       | .25        |
| HOME VISITS                | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| EMERGENCY ROOM             | 1                 | 1                   | 68.35        | 68.35        | .001       | 68.35       | .07        |
| PREVENTIVE CARE            | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| OB VISITS/COMPRE PERI      | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| OTHER OUTPATIENT           | 2                 | 2                   | 37.20        | 18.60        | .002       | 18.60       | .04        |
| INPATIENT VISITS           | 4                 | 9                   | 434.86       | 48.32        | .009       | 108.72      | .42        |
| HOSPITAL VISITS            | 2                 | 6                   | 310.46       | 51.74        | .006       | 155.23      | .30        |
| CRITICAL CARE              | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| SNF/ICF/TRANS IP CARE      | 2                 | 3                   | 124.40       | 41.47        | .003       | 62.20       | .12        |
| OPHTHALMOLOGICAL SERVICES  | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| EXAMINATIONS               | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| SERVICES AND MATERIALS     | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| INPATIENT HOSPITAL SURGERY | 1                 | 2                   | 624.34       | 312.17       | .002       | 624.34      | .61        |
| PRINCIPAL SURGEON          | 1                 | 2                   | 624.34       | 312.17       | .002       | 624.34      | .61        |
| ASSISTANT SURGEON          | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| ANESTHESIOLOGIST           | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| OUTPATIENT SURGERY         | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| PRINCIPAL SURGEON          | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| ASSISTANT SURGEON          | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| ANESTHESIOLOGIST           | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| DIALYSIS                   | 0                 | 0                   | .00          | .00          | .000       | .00         | .00        |
| PATHOLOGY                  | 3                 | 3                   | 66.12        | 22.04        | .003       | 22.04       | .06        |
|                            |                   |                     |              |              |            |             |            |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY                  | 5                        | 9               |       | 490.81             |       | 54.53      | .009      |     | 98.16   |    | .48        |
|----------------------------|--------------------------|-----------------|-------|--------------------|-------|------------|-----------|-----|---------|----|------------|
| PSYCHIATRY                 | 0                        | 0               |       | .00                |       | .00        | .000      |     | .00     |    | .00        |
| IMMUNIZATION AND INJECTION | 1                        | 1               |       | 1,339.47           |       | 1339.47    | .001      |     | 1339.47 |    | 1.30       |
| OTHER SERVICES/ALL X-OVERS | 152                      | 430             |       | 5,950.44           |       | 13.84      | .418      |     | 39.15   |    | 5.78       |
| @PHARMACY                  | 823                      | 21,582          | \$    | 362,758.58         | \$    | 16.81      | 20.974    | \$  | 440.78  | \$ | 352.54     |
| PRESCRIPTION DRUGS         | 800                      | 5 <b>,</b> 650  |       | 355,568.77         |       | 62.93      | 5.491     |     | 444.46  |    | 345.55     |
| SNF/ICF                    | 414                      | 3,656           |       | 177,993.99         |       | 48.69      | 3.553     |     | 429.94  |    | 172.98     |
| OUTPATIENTS                | 399                      | 1,994           |       | 177,574.78         |       | 89.05      | 1.938     |     | 445.05  |    | 172.57     |
| MEDICAL SUPPLIES           | 78                       | 15 <b>,</b> 932 |       | 7,189.81           |       | .45        | 15.483    |     | 92.18   |    | 6.99       |
| @DENTIST                   | 115                      | 421             | \$    | 10,141.75          | \$    | 24.09      | .409      | \$  | 88.19   | \$ | 9.86       |
| VISITS - DIAGNOSTIC        | 86                       | 268             |       | 1,760.00           |       | 6.57       | .260      |     | 20.47   |    | 1.71       |
| ORAL SURGERY               | 18                       | 68              |       | 1,883.50           |       | 27.70      | .066      |     | 104.64  |    | 1.83       |
| DRUGS                      | 0                        | 0               |       | .00                |       | .00        | .000      |     | .00     |    | .00        |
| ANESTHESIA                 | 1                        | 2               |       | .00                |       | .00        | .002      |     | .00     |    | .00        |
| PERIODONTICS               | 0                        | 0               |       | .00                |       | .00        | .000      |     | .00     |    | .00        |
| ENDODONTICS                | 2                        | 2               |       | 330.00             |       | 165.00     | .002      |     | 165.00  |    | .32        |
| RESTORATIVE DENTISTRY      | 9                        | 15              |       | 172.00             |       | 11.47      | .015      |     | 19.11   |    | .17        |
| PROSTHETICS                | 1                        | 1               |       | 30.00              |       | 30.00      | .001      |     | 30.00   |    | .03        |
| DENTURES, STAYPLATES       | 24                       | 55              |       | 5,966.25           |       | 108.48     | .053      |     | 248.59  |    | 5.80       |
| SPACE MAINTAINERS          | 0                        | 0               |       | .00                |       | .00        | .000      |     | .00     |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                        | 0               |       | .00                |       | .00        | .000      |     | .00     |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                        | 0               |       | .00                |       | .00        | .000      |     | .00     |    | .00        |
| ORTHODONTIC SERVICES       | 0                        | 0               |       | .00                |       | .00        | .000      |     | .00     |    | .00        |
| ALL OTHER SERVICES         | 7                        | 10              |       | .00                |       | .00        | .010      |     | .00     |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN     |                 | RES I | MONTH-OF-PAYMENT I | REPOF | RT FOR JAN | 2004 THRU | DEC | 2004    | P. | AGE 10,674 |
| MODO 0 4                   | DDD DOD CEDITION / DENIE |                 |       |                    |       |            |           |     |         |    | 00/11/05   |

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

| SUMMAKI OF SER | VALCES FOR MIN - "                   | 30C -   | AGED  | -  | AID CODE I/  | TI  |   |  |   |  |
|----------------|--------------------------------------|---|---|--|--|---|---|--|---|--|
|                |                                      |   |   |  |  | M   | ONT   | HLY AVERA  | GE  |  |
| USERS          | UNITS OF SERVIO                      | CE  | EXPENDITURES  | ΑV   | ERAGE COST   | UNITS/DAY   | S   | COST PER   |   | COST PER                                   |
|                | OR DAYS OF CAR                       | RE  |   | PE   | R UNIT/DAY   | PER ELIG  |   | USER   |   | ELIGIBLE                                   |
| 12             | 25                                   | \$  | 427.70  | \$   | 17.11  | .024  | \$  | 35.64  | \$  | .42  |
| 5              | 5                                    |   | 87.50   |  | 17.50  | .005  |   | 17.50  |   | .09  |
| 7              | 20                                   |   | 340.20  |  | 17.01  | .019  |   | 48.60  |   | .33  |
| 0              | 0                                    |   | .00   |  | .00  | .000  |   | .00  |   | .00  |
| 0              | 0                                    | \$  | .00   | \$   | .00  | .000  | \$  | .00  | \$  | .00  |
| 0              | 0                                    |   | .00   |  | .00  | .000  |   | .00  |   | .00  |
| 0              | 0                                    |   | .00   |  | .00  | .000  |   | .00  |   | .00  |
| 20             | 28                                   | \$  | 138.19  | \$   | 4.94   | .027  | \$  | 6.91   | \$  | .13  |
| 0              | 0                                    |   | .00   |  | .00  | .000  |   | .00  |   | .00  |
| 0              | 0                                    |   | .00   |  | .00  | .000  |   | .00  |   | .00  |
| 0              | 0                                    |   | .00   |  | .00  | .000  |   | .00  |   | .00  |
| 20             | 28                                   |   |   |  | 4.94   | .027  |   | 6.91   |   | .13  |
| 0              | 0                                    | \$  |   |  | .00  |   | \$  |  | \$  | .00  |
| 1              | 9                                    | \$  | 21.24   | \$   | 2.36   | .009  | \$  | 21.24  | \$  | .02  |
| 0              | 0                                    | \$  | .00   | \$   | .00  | .000  | \$  | .00  | \$  | .00  |
| 0              | 0                                    | \$  | .00   | \$   | .00  | .000  | \$  | .00  | \$  | .00  |
| 0              | 0                                    | \$  | .00   | \$   | .00  | .000  | \$  | .00  | \$  | .00  |
|                | 1,095                                | \$  |   |  |  |   | \$  |  | \$  | 46.56                                      |
| 18             |                                      |   | •   |  |  |   |   |  |   | 36.56                                      |
| 3              | 23                                   |   | •   |  |  |   |   |  |   | 23.94                                      |
| 0              | 0                                    |   |   |  |  |   |   |  |   | .00  |
| 0              | 0                                    |   |   |  |  |   |   |  |   | .00  |
| 0              | 0                                    |   |   |  |  |   |   |  |   | .00  |
| 0              | 0                                    |   |   |  | .00  |   |   |  |   | .00  |
| 0              | 0                                    |   |   |  | .00  |   |   |  |   | .00  |
| 0              | 0                                    |   | .00   |  | .00  | .000  |   | .00  |   | .00  |
|                | USERS  12 5 7 0 0 0 20 0 20 0 20 0 1 | USERS UNITS OF SERVICE OR DAYS OF CAI  12 25 5 5 7 20 0 0 0 0 0 0 0 0 0 0 0 20 28 0 0 0 0 20 28 0 0 0 0 20 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | USERS UNITS OF SERVICE OR DAYS OF CARE  12 25 \$ 5 5 5 7 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | USERS UNITS OF SERVICE OR DAYS OF CARE  12 25 \$ 427.70 5 5 5 87.50 7 20 340.20 0 0 0 .00 0 0 \$ .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0 | USERS UNITS OF SERVICE OR DAYS OF CARE  12 25 \$ 427.70 \$ 5 | USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE  12 25 \$ 427.70 \$ 17.11 5 5 5 87.50 17.50 7 20 340.20 17.01 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0 | USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE  12 25 \$ 427.70 \$ 17.11 .024  5 5 5 87.50 17.50 .005  7 20 340.20 17.01 .019  0 0 0 \$ .00 .00 .00 .00  0 0 \$ .00 \$ .00 .00 .00  0 0 0 .00 .00 .00 .00  0 0 0 .00 .0 | USERS UNITS OF SERVICE OR DAYS OF CARE  12 25 \$ 427.70 \$ 17.11 .024 \$ 5 5 5 87.50 17.50 .005 7 20 340.20 17.01 .019 0 0 0 .00 .00 .00 .000 0 0 0 .00 .00 .0 | USERS UNITS OF SERVICE OR DAYS OF CARE  12 25 \$ 427.70 \$ 17.11 .024 \$ 35.64   5 5 5 87.50 17.50 .005 17.50   7 20 340.20 17.01 .019 48.60   0 0 0 .00 .00 .000 .000 .000   0 0 0 0 | USERS UNITS OF SERVICE OR DAYS OF CARE  12 |

| INPATIENT CROSSOVERS        | 15                 | 0                   | 12 <b>,</b> 986.75 | .00            | .000         | 865.78       | 12.62       |
|-----------------------------|--------------------|---------------------|--------------------|----------------|--------------|--------------|-------------|
| ALL OTHER INPATIENT         | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| HOSP OUTPATIENT TOTAL       | 84                 | 1,072               | 10,297.50          | 9.61           | 1.042        | 122.59       | 10.01       |
| MEDICAL                     | 6                  | 8                   | 216.14             | 27.02          | .008         | 36.02        | .21         |
| SURGERY                     | 1                  | 1                   | 21.64              | 21.64          | .001         | 21.64        | .02         |
| PATHOLOGY                   | 6                  | 50                  | 238.51             | 4.77           | .049         | 39.75        | .23         |
| RADIOLOGY                   | 3                  | 19CR                | 879.46CR           | 46.29          | .018CR       | 293.15CR     | .85CR       |
| ROOM USE                    | 4                  | 5                   | 112.17             | 22.43          | .005         | 28.04        | .11         |
| CROSSOVERS/ALL OTH OUTPINT  | 75                 | 1,027               | 10,588.50          | 10.31          | .998         | 141.18       | 10.29       |
| @COUNTY HOSPITAL TOTAL      | 0                  | 0 \$                | .00                | \$ .00         | .000 \$      | .00 \$       | .00         |
| CO HOSPITAL INPATIENT TOTAL | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| HSC HOSPITALS               | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| ACCOMMODATIONS              | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| ADMINISTRATIVE DAYS         | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| TRANSITIONAL IP CARE        | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| ALL OTHER ACCOM             | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| ANCILLARIES                 | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| INPATIENT CROSSOVERS        | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| ALL OTHER INPATIENT         | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| MEDICAL                     | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| SURGERY                     | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| PATHOLOGY                   | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| RADIOLOGY                   | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| ROOM USE                    | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| CROSSOVERS/ALL OTH OUTPINT  | 0                  | 0                   | .00                | .00            | .000         | .00          | .00         |
| #CALIF DEPT OF HEALTH SERV  |                    | AND EXPENDITURES MO | ONTH-OF-PAYMENT RE | PORT FOR JAN 2 | 004 THRU DEC | 2004         | PAGE 10,675 |
| MOP024                      | FEE-FOR-SERVICE/DE | NTAL                |                    |                |              |              | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICE | AS FOR MN - SOC - A | AGED               | AID CODE 17    | 1Y           |              |             |
|                             |                    |                     |                    |                | MONT         | THLY AVERAGE |             |
| 1,029 ELIGIBLES             | USERS UN           | ITS OF SERVICE      | EXPENDITURES       | AVERAGE COST   | UNITS/DAYS   | COST PER     | COST PER    |

|   |                 | OR DAYS OF CARE  | 7        |                     | DEI      | R UNIT/DAY   | סבס בודר |          | USER         |          | ELIGIBLE |
|---|-----------------|------------------|----------|---------------------|----------|--------------|----------|----------|--------------|----------|----------|
| @COMMUNITY HOSPITAL TOTAL                 | 99              | 1,095            | \$       | 47,913.68           | \$       | 43.76        | 1.064    |          |              |          | 46.56    |
| COMM HOSP INPATIENT TOTAL                 | 18              | 23               | Υ        | 37,616.18           |          | 1635.49      | .022     | ۲        | 2089.79      | Y        | 36.56    |
| HSC HOSPITALS                             | 3               | 23               |          | 24,629.43           |          | 1070.84      | .022     |          | 8209.81      |          | 23.94    |
| NON-HSC HOSPITALS TOTAL                   | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| ACCOMMODATIONS                            | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| ADMINISTRATIVE DAYS                       | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| TRANSITIONAL IP CARE                      | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| ALL OTHER ACCOM                           | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| ANCILLARIES                               | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| INPATIENT CROSSOVERS                      | 15              | 0                |          | 12,986.75           |          | .00          | .000     |          | 865.78       |          | 12.62    |
| ALL OTHER INPATIENT                       | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| COMM HOSP OUTPATIENT TOTAL                | 84              | 1,072            |          | 10,297.50           |          | 9.61         | 1.042    |          | 122.59       |          | 10.01    |
| MEDICAL                                   | 6               | . 8              |          | 216.14              |          | 27.02        | .008     |          | 36.02        |          | .21      |
| SURGERY                                   | 1               | 1                |          | 21.64               |          | 21.64        | .001     |          | 21.64        |          | .02      |
| PATHOLOGY                                 | 6               | 50               |          | 238.51              |          | 4.77         | .049     |          | 39.75        |          | .23      |
| RADIOLOGY                                 | 3               | 19CR             |          | 879.46CI            | R        | 46.29        | .0180    | :R       | 293.15C      | R        | .85CR    |
| ROOM USE                                  | 4               | 5                |          | 112.17              |          | 22.43        | .005     |          | 28.04        |          | .11      |
| CROSSOVERS/ALL OTH OUTPINT                | 75              | 1,027            |          | 10,588.50           |          | 10.31        | .998     |          | 141.18       |          | 10.29    |
| @STATE HOSPITAL                           | 0               | 0                | \$       | .00                 | \$       | .00          | .000     | \$       | .00          | \$       | .00      |
| MENTALLY ILL                              | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| DEVELOP. DISABLED                         | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| @NURSING FACILITY                         | 426             | 12,984           | \$       | 1,363,522.95        | \$       | 105.02       | 12.618   | \$       | 3200.76      | \$       | 1325.10  |
| LEV A-INTERMEDIATE                        | 3               | 152              |          | 7,249.88            |          | 47.70        | .148     |          | 2416.63      |          | 7.05     |
| LEV B-REHAB MD                            | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| LEV B-SUBACUTE FREESTANDING               | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| LEV B-SUBACUTE HSPTL BASED                | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| LEV B-TRANSITIONAL IP CARE                | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| LEV B-REGULAR                             | 424             | 12,832           |          | 1,356,273.07        |          | 105.69       | 12.470   |          | 3198.76      |          | 1318.05  |
| @INTERMEDIATE CARE FACILDD                | 0               | 0                | \$       | .00                 | \$       | .00          | .000     | \$       | .00          | \$       | .00      |
| ICF DDH                                   | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| ICF DD                                    | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| ICF DDN/DDCN                              | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| @HEMODIALYSIS TOTAL                       | 10              | 20               | \$       | 5,964.81            | \$       | 298.24       | .019     | Ş        | 596.48       | Ş        | 5.80     |
| HOSPITAL BASED                            | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| HEMODIALYSIS CENTER                       | 10              | 20               | <u> </u> | 5,964.81            | <u> </u> | 298.24       | .019     | <u> </u> | 596.48       | <u> </u> | 5.80     |
| @REHABILITATION FACILITY                  | 0               | 0                | \$       | .00                 | Þ        | .00          | .000     | Ş        | .00          | Þ        | .00      |
| HOSPITAL BASED                            | 0               |                  |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| INDEPENDENT FACILITY @LABORATORY FACILITY | 0               | 0<br>7           | \$       | .00<br>78.22        | \$       | .00<br>11.17 | .000     | ċ        | .00<br>26.07 | ċ        | .00      |
| PATHOLOGY                                 | 2               | 6                | ٧        | 75.36               | Ą        | 12.56        | .007     | ۲        | 37.68        | ې        | .07      |
| XO AND OTHERS                             | 1               | 1                |          | 2.86                |          | 2.86         | .001     |          | 2.86         |          | .00      |
| @ORGANIZED OUTPATIENT CLINIC              | 6               | 1<br>6           | \$       | 524.76              | \$       | 87.46        | .006     | Ś        | 87.46        | Ś        | .51      |
| CLINIC                                    | 2               | 2                | Y        | 50.54               | Y        | 25.27        | .002     | Y        | 25.27        | Y        | .05      |
| SURGICENTER                               | 2               | 2                |          | 404.18              |          | 202.09       | .002     |          | 202.09       |          | .39      |
| HEROIN DETOX CLINIC                       | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
| RURAL HEALTH CLINIC                       | 2               | 2                |          | 70.04               |          |              |          |          |              |          | .07      |
|   |                 |                  | RES 1    | MONTH-OF-PAYMENT RI |          |              |          |          |              |          |          |
|   | FEE-FOR-SERVICE |                  |          |                     |          |              |          |          | 2001         |          | 03/14/05 |
|   | SUMMARY OF SERV |                  | OC -     | AGED                | A        | ID CODE 17   | 1Y       |          |              |          | , ,      |
|   |                 |                  |          | _                   |          |              | M        | IONT     | HLY AVERA    | .GE      |          |
| 1,029 ELIGIBLES                           | USERS           | UNITS OF SERVICE | C        | EXPENDITURES        | AVI      |              |          |          |              |          | COST PER |
| ·   |                 | OR DAYS OF CARE  |          |                     | PER      | R UNIT/DAY   |          |          | USER         |          | ELIGIBLE |
| @ALL OTHER PROVIDERS                      | 170             | 19 <b>,</b> 185  |          | 51,890.57           | \$       | 2.70         | 18.644   | \$       | 305.24       |          |          |
| DURABLE MED. EQUIP.                       | 10              | 226              |          | 12,407.87           |          | 54.90        | .220     |          | 1240.79      |          | 12.06    |
| BLOOD BANK                                | 0               | 0                |          | .00                 |          | .00          | .000     |          | .00          |          | .00      |
|   |                 |                  |          |                     |          |              |          |          |              |          |          |

| HEARING AID DISPENSERS         | 4   | 1      | 624.84           | 624.   | 84   | .001  | 156.23    | _        | .61    |
|--------------------------------|-----|--------|------------------|--------|------|-------|-----------|----------|--------|
| MEDICAL TRANSPORTATION         | 82  | 5,424  | 16,441.21        | 3.     | 03   | 5.271 | 200.50    | )        | 15.98  |
| AMBULANCES/AIR TRANS           | 4   | 50     | 456.23           | 9.     | 12   | .049  | 114.00    | 5        | . 44   |
| OTHER TRANS                    | 73  | 5,342  | 15,798.19        | 2.     | 96   | 5.191 | 216.43    | -        | 15.35  |
| OTHER SERVICES                 | 5   | 32     | 186.79           | 5.     | 84   | .031  | 37.30     | 5        | .18    |
| ACUPUNCTURE                    | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| ADULT DAY HEALTH CARE CTR      | 3   | 13     | 825.88           | 63.    | 53   | .013  | 275.29    | )        | .80    |
| GENETIC DISEASE TESTING        | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| OCCUPATIONAL THERAPIST         | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| OPTICIAN                       | 10  | 20     | 238.32           | 11.    | 92   | .019  | 23.83     | 3        | .23    |
| PHYSICAL THERAPIST             | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| PORTABLE X-RAY                 | 10  | 25     | 15.45            |        | 62   | .024  | 1.55      | 5        | .02    |
| PROSTHETIST/ORTHOTISTS         | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| PROSTHETICS                    | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| ORTHOTICS                      | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| PSYCHOLOGIST                   | 1   | 1      | .33              |        | 33   | .001  | .33       | 3        | .00    |
| SPEECH AND AUDIOLOGY           | 4   | 4      | 2,680.16         | 670.   | 04   | .004  | 670.04    | <u>l</u> | 2.60   |
| HOSPICE SERVICES               | 9   | 180    | 14,827.93        | 82.    | 38   | .175  | 1647.55   | 5        | 14.41  |
| NONINST BIRTHING CENTERS       | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| LOCAL EDUCATION AGENCIES       | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| EPSDT SUPPLEMENTAL SERVICE     | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| RESPIRATORY CARE PRACT.        | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| PED SUBACUTE REHAB/WEANING     | 0   | 0      | .00              |        | 00   | .000  | .00       | )        | .00    |
| ALL OTHER PROVIDERS            | 43  | 13,291 | 3,828.58         |        | 29 1 | 2.916 | 89.04     | <u>l</u> | 3.72   |
| @CALIF. CHILDREN SERVICES*     | 0   | 0      | \$<br>.00        | \$ .   | 00   | .000  | \$ .00    | ) \$     | .00    |
| @XOVER EXCLUDING STATE HOSP**  | 334 | 4,556  | \$<br>145,900.72 | \$ 32. | 02   | 4.428 | \$ 436.83 | 3 \$     | 141.79 |
|                                |     |        |                  |        |      |       |           |          |        |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,677 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

|                            |       |                  |              |              | MON        | THLY AVERA | GE       |
|----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES               | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER |
|                            |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00        | \$ .00   |
| @PHYSICIANS SERVICES       | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00        | \$ .00   |
| OUTPATIENT VISITS          | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OFFICE VISITS              | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| HOME VISITS                | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| EMERGENCY ROOM             | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| PREVENTIVE CARE            | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OB VISITS/COMPRE PERI      | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OTHER OUTPATIENT           | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| INPATIENT VISITS           | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| HOSPITAL VISITS            | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| CRITICAL CARE              | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| SNF/ICF/TRANS IP CARE      | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| EXAMINATIONS               | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| SERVICES AND MATERIALS     | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| INPATIENT HOSPITAL SURGERY | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| PRINCIPAL SURGEON          | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ASSISTANT SURGEON          | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ANESTHESIOLOGIST           | 0     | 0                | .00          | .00          | .000       | .00        | .00      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OURDANTENIE GUDGEDIA  |   |   |   |                            |   |   |                 |   |  |  |
|---|---|---|---|----------------------------|---|---|-----------------|---|--|--|
| OUTPATIENT SURGERY  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| PRINCIPAL SURGEON   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| ASSISTANT SURGEON   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| ANESTHESIOLOGIST  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| DIALYSIS  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| PATHOLOGY   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
|   | 0   | 0   |   |                            |   |   |                 |   |  |  |
| RADIOLOGY   | •   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| PSYCHIATRY  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| IMMUNIZATION AND INJECTION  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| OTHER SERVICES/ALL X-OVERS  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| @PHARMACY   | 0   | 0 \$  | .00   | \$                         | .00   | .000  | \$              | .00   | \$   | .00  |
| PRESCRIPTION DRUGS  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| SNF/ICF   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| OUTPATIENTS   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| MEDICAL SUPPLIES  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
|   | 0   | 0 \$  |   | \$                         | .00   | .000  | \$              | .00   | \$   | .00  |
| @DENTIST  |   |   |   | Ş                          |   |   | Ş               |   | Ą  |  |
| VISITS - DIAGNOSTIC   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| ORAL SURGERY  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| DRUGS   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| ANESTHESIA  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| PERIODONTICS  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| ENDODONTICS   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| RESTORATIVE DENTISTRY   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| PROSTHETICS   | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
|   | 0   | 0   | .00   |                            |   |   |                 | .00   |  |  |
| DENTURES, STAYPLATES  | •   | 0   |   |                            | .00   | .000  |                 |   |  | .00  |
| SPACE MAINTAINERS   | 0   | U   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
| MAXILLOFACIAL SERVICES  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
|   |   |   |   |                            | $\sim$  | $\cap \cap \cap$  |                 |   |  | .00  |
| FRACTURES, DISLOCATIONS   | 0   | Ü   | .00   |                            | .00   | .000  |                 | .00   |  |  |
| FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES  | 0   | 0   | .00   |                            | .00   | .000  |                 | .00   |  | .00  |
|   | •   | 0   |   |                            |   |   |                 |   |  |  |
| ORTHODONTIC SERVICES  | 0   | 0   | .00   | EPORT F                    | .00   | .000  | DEC             | .00   | P.A.   | .00  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV  | 0<br>0<br>MEDI-CAL SERVIC   | 0<br>ES AND EXPENDITURES  | .00   | EPORT F                    | .00   | .000  | DEC             | .00   | PA   | .00<br>.00<br>AGE 10,678   |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024   | 0<br>0<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE   | 0<br>ES AND EXPENDITURES<br>/DENTAL   | .00<br>.00<br>MONTH-OF-PAYMENT R  |                            | .00<br>.00<br>FOR JAN 2   | .000<br>.000<br>2004 THRU   | DEC             | .00   | PA   | .00  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV  | 0<br>0<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE   | 0<br>ES AND EXPENDITURES  | .00<br>.00<br>MONTH-OF-PAYMENT R  |                            | .00   | .000<br>.000<br>2004 THRU   |                 | .00<br>.00<br>2004  |  | .00<br>.00<br>AGE 10,678<br>03/14/05   |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY   | 0<br>0<br>0<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE<br>SUMMARY OF SERV                               | 0 ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC   | .00<br>.00<br>MONTH-OF-PAYMENT R  | P                          | .00<br>.00<br>FOR JAN 2   | .000<br>.000<br>2004 THRU<br>27   | ONT             | .00<br>.00<br>2004<br>HLY AVERA   | GE -   | .00<br>.00<br>AGE 10,678<br>03/14/05   |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024   | 0<br>0<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE   | 0 ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE  | .00<br>.00<br>MONTH-OF-PAYMENT R  | AVERA                      | .00<br>.00<br>FOR JAN 2<br>AID CODE   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY   | ONT:            | .00<br>.00<br>2004<br>HLY AVERA   | GE -   | .00<br>.00<br>GE 10,678<br>03/14/05  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES   | 0<br>0<br>0<br>MEDI-CAL SERVICE<br>FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS                      | O ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE                                       | .00<br>.00<br>MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES   | AVERA<br>PER U             | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG   | ONT:            | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER   | GE -<br>C<br>E                                   | .00<br>.00<br>GE 10,678<br>03/14/05<br>COST PER  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES @OPTOMETRIST  | 0 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0                                    | O ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O S                                   | .00<br>.00<br>MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>.00  | AVERA                      | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00  | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000   | ONT:            | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00  | GE -   | .00<br>.00<br>.00<br>.0E 10,678<br>03/14/05<br>  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED  | 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0                                  | O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O S                                    | .00<br>.00<br>MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>.00  | AVERA<br>PER U             | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00<br>.00   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000   | ONT:            | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00<br>.00   | GE -<br>C<br>E                                   | .00<br>.00<br>.00<br>.0E 10,678<br>03/14/05<br>  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES   | 0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV USERS 0 0 0 0 0  | O ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O S                                   | .00<br>.00<br>MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>.00  | AVERA<br>PER U             | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00  | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000   | ONT:            | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00  | GE -<br>C<br>E                                   | .00<br>.00<br>.00<br>.0E 10,678<br>03/14/05<br>  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED  | 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0                                  | O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE O S                                    | .00<br>.00<br>MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>.00  | AVERA<br>PER U             | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00<br>.00   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000   | ONT:            | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00<br>.00   | GE -<br>C<br>E                                   | .00<br>.00<br>.00<br>.0E 10,678<br>03/14/05<br>  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES   | 0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV USERS 0 0 0 0 0  | ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0                               | .00<br>.00<br>S MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>S .00<br>.00<br>.00  | AVERA<br>PER U             | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00<br>.00   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000   | ONT:            | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00<br>.00   | GE -<br>C<br>E                                   | .00<br>.00<br>.00<br>.0E 10,678<br>03/14/05<br>  |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR   | 0 0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV USERS  0 0 0 0 0 0 0 0 0 0 0                               | O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE O O O O O                             | .00<br>.00<br>S MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>S .00<br>.00<br>.00<br>.00   | AVERA<br>PER U<br>\$       | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00<br>.00<br>.00  | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000   | ONT:<br>S '     | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00<br>.00<br>.00  | GE -<br>C<br>E<br>\$                             | .00<br>.00<br>.00<br>.05 10,678<br>.03/14/05<br>   |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS  | USERS  0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0                                     | O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O                       | .00<br>.00<br>S MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>.00<br>.00<br>.00<br>.00   | AVERA<br>PER U<br>\$       | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00<br>.00<br>.00<br>.00   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000<br>.000                                       | ONT:<br>S '     | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00<br>.00<br>.00  | GE -<br>C<br>E<br>\$                             | .00<br>.00<br>.00<br>.05<br>.05<br>.05<br>.00<br>.00<br>.00<br>.00   |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES   | USERS  0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0                             | O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O | .00<br>.00<br>S MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>S .00<br>.00<br>.00<br>.00<br>.00                                    | AVERA<br>PER U<br>\$       | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00<br>.00<br>.00<br>.00   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000<br>.000                                       | ONT:<br>S<br>\$ | .00<br>.00<br>2004<br>HLY AVERA<br>COST PER<br>USER<br>.00<br>.00<br>.00<br>.00   | GE -<br>E<br>\$                                  | .00<br>.00<br>.00<br>.05<br>.05<br>.05<br>.00<br>.00<br>.00<br>.00   |
| ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SACRAMENTO COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST   | USERS  0 0 0 MEDI-CAL SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0                                 | O ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O | .00<br>.00<br>S MONTH-OF-PAYMENT R<br>- BLIND<br>EXPENDITURES<br>S .00<br>.00<br>.00<br>.00<br>.00<br>.00                             | AVERA<br>PER U<br>\$       | .00<br>.00<br>FOR JAN 2<br>AID CODE<br>AGE COST<br>JNIT/DAY<br>.00<br>.00<br>.00<br>.00   | .000<br>.000<br>2004 THRU<br>27<br>M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000<br>.000<br>.000                               | ONT:<br>S '     | .00<br>.00<br>2004<br>HLY AVERAGE<br>COST PER<br>USER<br>.00<br>.00<br>.00<br>.00   | GE -<br>C<br>E<br>\$                             | .00<br>.00<br>.00<br>.05<br>.05<br>.05<br>.00<br>.00<br>.00<br>.00   |
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| NON HOO HOODIENT BOENT      | <u> </u>                 | 0              |               | 0.0                | 0.0                 | 000           | 0.0        | 0.0         |
|-----------------------------|--------------------------|----------------|---------------|--------------------|---------------------|---------------|------------|-------------|
| NON-HSC HOSPITAL TOTAL      | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ACCOMMODATIONS              | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ADMINISTRATIVE DAYS         | U                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| TRANSITIONAL IP CARE        | O _                      | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ALL OTHER ACCOM             | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ANCILLARIES                 | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ALL OTHER INPATIENT         | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| HOSP OUTPATIENT TOTAL       | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| MEDICAL                     | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| SURGERY                     | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| PATHOLOGY                   | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| RADIOLOGY                   | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ROOM USE                    | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPTNT  | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| @COUNTY HOSPITAL TOTAL      | 0                        | 0              | \$            | .00 \$             | .00                 | .000 \$       | .00        | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| HSC HOSPITALS               | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ACCOMMODATIONS              | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ALL OTHER ACCOM             | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ANCILLARIES                 | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ALL OTHER INPATIENT         | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| MEDICAL                     | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| SURGERY                     | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| PATHOLOGY                   | Û                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| RADIOLOGY                   | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| ROOM USE                    | Û                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPINT  | 0                        | 0              |               | .00                | .00                 | .000          | .00        | .00         |
|                             | MEDI-CAL SERVICES AND EX | PENDITIRE      | S MONTH-OF    |                    |                     |               |            | PAGE 10,679 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   | 1 11,011 01(1) | 5 11011111 01 | 1111111111 1(1)1 ( | 71(1 1 O1( O111V 2) | OUI IIIIO DEC | 2001       | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | MN - SOC       | - BLIND       |                    | AID CODE            | 27            |            | 03/11/03    |
| OHOIGHIDINIO COUNTI         |                          | 111, 000       | DLIND         |                    |                     | MONTE         | HLY AVERAG | E           |

|                            |       |                  |              |              | MON        | THLY AVERA | GE       |
|----------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES               | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER |
|                            |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL  | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00        | \$ .00   |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| HSC HOSPITALS              | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ACCOMMODATIONS             | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ADMINISTRATIVE DAYS        | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| TRANSITIONAL IP CARE       | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ALL OTHER ACCOM            | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ANCILLARIES                | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| INPATIENT CROSSOVERS       | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ALL OTHER INPATIENT        | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| COMM HOSP OUTPATIENT TOTAL | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| MEDICAL                    | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| SURGERY                    | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| PATHOLOGY                  | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| RADIOLOGY                  | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ROOM USE                   | 0     | 0                | .00          | .00          | .000       | .00        | .00      |

| CROSSOVERS/ALL OTH OUTPTNT   | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
|------------------------------|--------------------------|---------|-------------|--------------|-------|-------------|--------|-----|------|----|-----------|
| @STATE HOSPITAL              | 0                        | 0       | \$          | .00          | \$    | .00         | .000   | \$  | .00  | \$ | .00       |
| MENTALLY ILL                 | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| DEVELOP. DISABLED            | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| @NURSING FACILITY            | 0                        | 0       | \$          | .00          | \$    | .00         | .000   | \$  | .00  | \$ | .00       |
| LEV A-INTERMEDIATE           | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| LEV B-REHAB MD               | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| LEV B-REGULAR                | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| @INTERMEDIATE CARE FACILDD   | 0                        | 0       | \$          | .00          | \$    | .00         | .000   | \$  | .00  | \$ | .00       |
| ICF DDH                      | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| ICF DD                       | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| ICF DDN/DDCN                 | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| @HEMODIALYSIS TOTAL          | 0                        | 0       | \$          | .00          | \$    | .00         | .000   | \$  | .00  | \$ | .00       |
| HOSPITAL BASED               | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| HEMODIALYSIS CENTER          | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| @REHABILITATION FACILITY     | 0                        | 0       | \$          | .00          | \$    | .00         | .000   | \$  | .00  | \$ | .00       |
| HOSPITAL BASED               | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| INDEPENDENT FACILITY         | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| @LABORATORY FACILITY         | 0                        | 0       | \$          | .00          | \$    | .00         | .000   | \$  | .00  | \$ | .00       |
| PATHOLOGY                    | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| XO AND OTHERS                | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 0                        | 0       | \$          | .00          | \$    | .00         | .000   | \$  | .00  | \$ | .00       |
| CLINIC                       | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| SURGICENTER                  | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| HEROIN DETOX CLINIC          | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| RURAL HEALTH CLINIC          | 0                        | 0       |             | .00          |       | .00         | .000   |     | .00  |    | .00       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EX | PENDITU | RES MONTH-O | F-PAYMENT RE | EPORT | FOR JAN 200 | 4 THRU | DEC | 2004 | PΡ | GE 10,680 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL   |         |             |              |       |             |        |     |      |    | 03/14/05  |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FOR  | MN - S  | OC - BLIND  |              |       | AID CODE 27 |        |     |      |    |           |
|                              |                          |         |             |              |       |             |        |     |      |    |           |

| 00 ELIGIBLES                            | USERS       | UNITS OF SERVICE  | EXPENDITURES | AVERAGE COST |          | COST PER | COST PER |
|---|-------------|-------------------|--------------|--------------|----------|----------|----------|
| 0.1.1 0.00000 0.00000000000000000000000 | ^           | OR DAYS OF CARE   | 0.0          | PER UNIT/DAY | PER ELIG | USER     | ELIGIBLE |
| @ALL OTHER PROVIDERS                    | 0           | 0 \$              | .00          | \$ .00       | .000 \$  |          | \$ .00   |
| DURABLE MED. EQUIP.                     | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| BLOOD BANK                              | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| HEARING AID DISPENSERS                  | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| MEDICAL TRANSPORTATION                  | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| AMBULANCES/AIR TRANS                    | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| OTHER TRANS                             | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| OTHER SERVICES                          | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| ACUPUNCTURE                             | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| ADULT DAY HEALTH CARE CTR               | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| GENETIC DISEASE TESTING                 | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP          | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| OCCUPATIONAL THERAPIST                  | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| OPTICIAN                                | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| PHYSICAL THERAPIST                      | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| PORTABLE X-RAY                          | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| PROSTHETIST/ORTHOTISTS                  | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| PROSTHETICS                             | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| ORTHOTICS                               | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| PSYCHOLOGIST                            | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| SPEECH AND AUDIOLOGY                    | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| HOSPICE SERVICES                        | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| NONINST BIRTHING CENTERS                | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| LOCAL EDUCATION AGENCIES                | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| EPSDT SUPPLEMENTAL SERVICE              | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| RESPIRATORY CARE PRACT.                 | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| PED SUBACUTE REHAB/WEANING              | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| ALL OTHER PROVIDERS                     | 0           | 0                 | .00          | .00          | .000     | .00      | .00      |
| @CALIF. CHILDREN SERVICES*              | 0           | 0 \$              | .00          | \$ .00       | .000 \$  | .00      | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**           | 0           | 0 \$              | .00          | \$ .00       | .000 \$  | .00      | \$ .00   |
| @CALIF. CHILDREN SERVICES*              | 0<br>0<br>0 | 0<br>0 \$<br>0 \$ | .00          | \$ .00       | .000 \$  | .00      | \$ .00   |

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,681
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

| BIGIUMIBNIO COONII        | DOMINING OF DELIC | VICED FOR THE   |    | יייי מוניייייייייייייייייייייייייייייייי | CODED OS OT OW | 01         |             |            |
|---------------------------|-------------------|-----------------|----|--|----------------|------------|-------------|------------|
|                           |                   |                 |    |  |                | MOI        | NTHLY AVERA | GE         |
| 1,945 ELIGIBLES           | USERS             | UNITS OF SERVIC | Œ  | EXPENDITURES                             | AVERAGE COST   | UNITS/DAYS | COST PER    | COST PER   |
|                           |                   | OR DAYS OF CAR  | RE |  | PER UNIT/DAY   | PER ELIG   | USER        | ELIGIBLE   |
| @TOTAL, ALL PROVIDERS     | 2,784             | 71,002          | \$ | 4,563,691.28                             | \$ 64.28       | 36.505     | \$ 1639.26  | \$ 2346.37 |
| @PHYSICIANS SERVICES      | 910               | 6 <b>,</b> 900  | \$ | 273,438.58                               | \$ 39.63       | 3.548      | \$ 300.48   | \$ 140.59  |
| OUTPATIENT VISITS         | 280               | 402             |    | 19,146.84                                | 47.63          | .207       | 68.38       | 9.84       |
| OFFICE VISITS             | 110               | 145             |    | 4,316.81                                 | 29.77          | .075       | 39.24       | 2.22       |
| HOME VISITS               | 0                 | 0               |    | .00                                      | .00            | .000       | .00         | .00        |
| EMERGENCY ROOM            | 135               | 179             |    | 12,927.75                                | 72.22          | .092       | 95.76       | 6.65       |
| PREVENTIVE CARE           | 0                 | 0               |    | .00                                      | .00            | .000       | .00         | .00        |
| OB VISITS/COMPRE PERI     | 0                 | 0               |    | .00                                      | .00            | .000       | .00         | .00        |
| OTHER OUTPATIENT          | 54                | 78              |    | 1,902.28                                 | 24.39          | .040       | 35.23       | .98        |
| INPATIENT VISITS          | 142               | 1,539           |    | 59,478.37                                | 38.65          | .791       | 418.86      | 30.58      |
| HOSPITAL VISITS           | 137               | 1,486           |    | 54,853.38                                | 36.91          | .764       | 400.39      | 28.20      |
| CRITICAL CARE             | 12                | 44              |    | 4,372.86                                 | 99.38          | .023       | 364.41      | 2.25       |
| SNF/ICF/TRANS IP CARE     | 6                 | 9               |    | 252.13                                   | 28.01          | .005       | 42.02       | .13        |
| OPHTHALMOLOGICAL SERVICES | 6                 | 7               |    | 190.67                                   | 27.24          | .004       | 31.78       | .10        |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS               | 6              | 7                |      | 190.67             |  | 27.24       | .004        | 31.     | 78 |            | .10        |
|----------------------------|----------------|------------------|------|--------------------|--|-------------|-------------|---------|----|------------|------------|
| SERVICES AND MATERIALS     | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| INPATIENT HOSPITAL SURGERY | 93             | 625              |      | 56,453.16          |  | 90.33       | .321        | 607.    |    |            | 29.02      |
| PRINCIPAL SURGEON          | 69             | 135              |      | 43,013.79          |  | 318.62      | .069        | 623.    | 39 |            | 22.12      |
| ASSISTANT SURGEON          | 7              | 7                |      | 2,642.37           |  | 377.48      | .004        | 377.    |    |            | 1.36       |
| ANESTHESIOLOGIST           | 33             | 483              |      | 10,797.00          |  | 22.35       | .248        | 327     |    |            | 5.55       |
| OUTPATIENT SURGERY         | 63             | 165              |      | 16,629.56          |  | 100.79      | .085        | 263.    |    |            | 8.55       |
|                            | 52             |                  |      |                    |  |             |             |         |    |            |            |
| PRINCIPAL SURGEON          |                | 73               |      | 14,192.35          |  | 194.42      | .038        | 272.    |    |            | 7.30       |
| ASSISTANT SURGEON          | 1              | 1                |      | 232.32             |  | 232.32      | .001        | 232.    |    |            | .12        |
| ANESTHESIOLOGIST           | 14             | 91               |      | 2,204.89           |  | 24.23       | .047        | 157.    |    |            | 1.13       |
| DIALYSIS                   | 18             | 98               |      | 4,876.42           |  | 49.76       | .050        | 270.    |    |            | 2.51       |
| PATHOLOGY                  | 70             | 310              |      | 7,838.95           |  | 25.29       | .159        | 111.    |    |            | 4.03       |
| RADIOLOGY                  | 235            | 967              |      | 62,420.69          |  | 64.55       | .497        | 265.    | 62 |            | 32.09      |
| PSYCHIATRY                 | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| IMMUNIZATION AND INJECTION | 15             | 1,172            |      | 8,053.82           |  | 6.87        | .603        | 536.    | 92 |            | 4.14       |
| OTHER SERVICES/ALL X-OVERS | 15<br>527      | 1,615            |      | 38,350.10          |  | 23.75       | .830        | 72.     | 77 |            | 19.72      |
| @PHARMACY                  | 1,743          | 33,041           | \$   | 1,974,939.01       | \$                                       |             | 16.988      |         |    | Ś          |            |
| PRESCRIPTION DRUGS         | 1,708          | 11,723           |      | 1,950,186.65       |  | 166.36      | 6.027       | 1141.   |    |            | 1002.67    |
| SNF/ICF                    | 97             | 816              |      | 57,702.04          |  | 70.71       | .420        | 594.    |    |            | 29.67      |
| OUTPATIENTS                | 1,631          | 10,907           |      | 1,892,484.61       |  | 173.51      | 5.608       | 1160    |    |            | 973.00     |
| MEDICAL SUPPLIES           | 137            | 21,318           |      | 24,752.36          |  | 1.16        | 10.960      | 180     |    |            | 12.73      |
|                            | 188            | •                | Ċ    |                    | Ċ  |             |             |         |    | Ċ          |            |
| @DENTIST                   |                | 872              | \$   | 28,736.50          | \$                                       |             |             | \$ 152. |    | Ş          | 14.77      |
| VISITS - DIAGNOSTIC        | 120            | 430              |      | 3,717.00           |  | 8.64        | .221        | 30.     |    |            | 1.91       |
| ORAL SURGERY               | 41             | 179              |      | 7,994.00           |  | 44.66       | .092        | 194.    |    |            | 4.11       |
| DRUGS                      | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| ANESTHESIA                 | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| PERIODONTICS               | 8              | 9                |      | 754.00             |  | 83.78       | .005        | 94.     |    |            | .39        |
| ENDODONTICS                | 8              | 10               |      | 1,256.00           |  | 125.60      | .005        | 157.    | 00 |            | .65        |
| RESTORATIVE DENTISTRY      | 36             | 116              |      | 5,431.50           |  | 46.82       | .060        | 150.    | 88 |            | 2.79       |
| PROSTHETICS                | 3              | 3                |      | 80.00              |  | 26.67       | .002        | 26.     | 67 |            | .04        |
| DENTURES, STAYPLATES       | 28             | 113              |      | 9,504.00           |  | 84.11       | .058        | 339.    | 43 |            | 4.89       |
| SPACE MAINTAINERS          | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| MAXILLOFACIAL SERVICES     | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| FRACTURES, DISLOCATIONS    | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| ORTHODONTIC SERVICES       | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| ALL OTHER SERVICES         | 6              | 12               |      | .00                |  | .00         | .006        |         | 00 |            | .00        |
| #CALIF DEPT OF HEALTH SERV |                |                  | DEC  | MONTH-OF-PAYMENT R |  |             |             |         |    | ъ.         | AGE 10,682 |
| MOP024                     | FEE-FOR-SERVIC |                  | KES  | MONIH-OF-PAIMENI R | CEPOR.                                   | FOR JAN 2   | 2004 IRKU I | EC 2004 |    | P          | 03/14/05   |
|                            |                |                  | 00   |                    | CODE                                     | C           | CV          |         |    |            | 03/14/03   |
| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR MN - S | 00 - | DISABLED AID       | CODES                                    | 65 67 6W    |             |         | ,  | <b>с</b> п |            |
| 1 045 51 535 53            | Harra          | INTEG OF GERMAN  | _    |                    | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 | 1D3.CE COCE | MC          |         |    |            |            |
| 1,945 ELIGIBLES            | USERS          | UNITS OF SERVIC  |      | EXPENDITURES       |  |             | UNITS/DAYS  |         |    |            | COST PER   |
| 0                          |                | OR DAYS OF CAR   |      |                    |  | R UNIT/DAY  |             | USEI    |    |            | ELIGIBLE   |
| @OPTOMETRIST               | 18             | 59               | \$   | 1,274.41           | \$                                       |             | .030        |         | 80 | Ş          | .66        |
| DIAGNOSTIC AND ANC. PROCED | 12             | 12               |      | 534.52             |  | 44.54       | .006        | 44.     |    |            | .27        |
| EYE APPLIANCES             | 16             | 47               |      | 739.89             |  | 15.74       | .024        | 46.     | 24 |            | .38        |
| OTHER OPTOMETRIC SERVICES  | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| @CHIROPRACTOR              | 0              | 0                | \$   | .00                | \$                                       | .00         | .000        | \$ .    | 00 | \$         | .00        |
| VISITS                     | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| OTHER SERVICES             | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| @PODIATRIST                | 28             | 41               | \$   | 442.64             | \$                                       | 10.80       |             |         | 81 | Ś          | .23        |
| MEDICINE/INJECTIONS        | 1              | 1                | 7    | 22.00              | -  | 22.00       | .001        | 22.     |    | т.         | .01        |
| SURGERY/ANES.              | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| RADIO./PATHOLOGY           | 0              | 0                |      | .00                |  | .00         | .000        |         | 00 |            | .00        |
| OTHER                      | 27             | 40               |      | 420.64             |  | 10.52       |             |         |    |            |            |
|                            | 27             |                  | ċ    |                    | ć  |             | .021        | 15.     |    | ċ          | .22        |
| @HOME HEALTH AGENCY        |                | 369              | \$   | 15,520.50          | \$                                       | 42.06       | .190        | \$ 574. |    |            | 7.98       |
| NURSE ANESTHESIST          | 2              | 21               | \$   | 54.23              | \$                                       | 2.58        | .011        | ⊋ ∠/.   | 12 | Þ          | .03        |
|                            |                |                  |      |                    |  |             |             |         |    |            |            |

| NURSE MIDWIFE                      | 0                                     | 0 \$                                       | .00                | \$    | .00                      | .000        |                  |     | .00        |
|------------------------------------|---------------------------------------|--|--------------------|-------|--------------------------|-------------|------------------|-----|------------|
| PEDIATRIC NURSE PRACTITIONER       | 0                                     | 0 \$                                       | .00                | \$    | .00                      | .000        | \$ .00           | \$  | .00        |
| FAMILY NURSE PRACTITIONER          | 0<br>501<br>136<br>106                | 0 \$                                       | .00                | \$    | .00                      | .000        | \$ .00           | \$  | .00        |
| @TOTAL HOSPITAL                    | 501                                   | 7,530 \$                                   | 1,608,802.10       | \$    | 213.65                   | 3.871       | \$ 3211.18       | \$  | 827.15     |
| HOSP INPATIENT TOTAL               | 136                                   | 1,109                                      | 1,386,881.24       |       |                          | .570        | 10197.66         |     | 713.05     |
| HSC HOSPITALS                      | 106                                   | 1,075                                      | 1,298,894.70       |       | 1208.27                  | .553        | 12253.72         |     | 667.81     |
| NON-HSC HOSPITAL TOTAL             | 8                                     | 34   | 65,331.22          |       | 1921.51                  | .017        | 8166.40          |     | 33.59      |
| ACCOMMODATIONS                     | _                                     |  |                    |       | 463.99                   | .017        | 1971.94          |     | 8.11       |
| ACCOMMODATIONS                     | 0                                     | 0  | 13,773.30          |       | .00                      | .000        | .00              |     | .00        |
| ADMINISTRATIVE DAYS                | 0                                     | 0  | .00                |       |                          |             |                  |     |            |
| TRANSITIONAL IP CARE               | U                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| ALL OTHER ACCOM                    | 8<br>8<br>0<br>0<br>8<br>8<br>8<br>23 | 34<br>0<br>0<br>34<br>0<br>0<br>0<br>6,421 | .00<br>15,775.50   |       | 463.99                   | .017        | 1971.94          |     | 8.11       |
| ANCILLARIES                        | 8                                     | 0  | 49,555.72          |       | .00                      | .000        | 6194.47          |     | 25.48      |
| INPATIENT CROSSOVERS               | 23<br>0<br>410<br>108                 | 0  | 22,655.32          |       | .00                      | .000        | 985.01           |     | 11.65      |
| ALL OTHER INPATIENT                | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| HOSP OUTPATIENT TOTAL              | 410                                   | 6,421                                      | 221,920.86         |       | 34.56<br>72.69           | 3.301       | 541.27<br>119.13 |     | 114.10     |
| MEDICAL                            |                                       | 177  | 12,866.57          |       | 72.69                    | .091        | 119.13           |     | 6.62       |
| SURGERY                            | 20<br>152                             | 22   | 1,146.86           |       | 52.13                    | .011        | 57.34            |     | .59        |
| PATHOLOGY                          | 152                                   | 1,717                                      | 11,077.52          |       | 6.45                     | .883        | 72.88            |     | 5.70       |
| RADIOLOGY                          | 112                                   | 204  | 18,871.10          |       | 92.51                    | .105        | 168.49           |     | 9.70       |
| ROOM USE                           | 199                                   |  | 14,268.89          |       | 35.85                    | .205        | 71.70            |     | 7.34       |
| CROSSOVERS/ALL OTH OUTPTNT         |                                       | 398<br>3 <b>,</b> 903                      | 163,689.92         |       | 41.94                    | 2.007       | 599.60           |     | 84.16      |
|                                    | 2 / 3                                 |  | -                  | Ċ     |                          |             |                  | ċ   |            |
| @COUNTY HOSPITAL TOTAL             |                                       | 12 \$                                      | ,                  | Ş     | 143.19                   | .006        |                  | Þ   | .88        |
| CO HOSPITAL INPATIENT TOTAL        |                                       | 1  | 1,718.22           |       | 1718.22                  | .001        | 1718.22          |     | .88        |
| HSC HOSPITALS                      | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| NON-HSC HOSPITALS TOTAL            | 1                                     | 1  | 1,718.22           |       | 1718.22<br>534.60<br>.00 | .001        | 1718.22          |     | .88        |
| ACCOMMODATIONS                     | 1                                     | 1<br>0<br>0                                | 534.60             |       | 534.60                   | .001        | 534.60           |     | .27        |
| ADMINISTRATIVE DAYS                | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| TRANSITIONAL IP CARE               | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| ALL OTHER ACCOM                    | 1                                     | 1  | 534.60             |       | 534.60                   | .001        | 534.60           |     | .27        |
| ANCILLARIES                        | 1                                     | 0  | 1,183.62           |       | .00                      | .000        | 1183.62          |     | .61        |
| INPATIENT CROSSOVERS               | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| ALL OTHER INPATIENT                | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| CO HOSP OUTPATIENT TOTAL           | 1                                     | 11   | .00                |       | .00                      | .006        | .00              |     | .00        |
| MEDICAL                            | 1                                     | 1  | .00                |       | .00                      | .001        | .00              |     | .00        |
| SURGERY                            | 0                                     | 0  | .00                |       | .00                      | .001        | .00              |     | .00        |
| PATHOLOGY                          | 1                                     | 6  | .00                |       | .00                      | .000        | .00              |     | .00        |
|                                    | 1                                     | 0  |                    |       |                          |             |                  |     |            |
| RADIOLOGY                          | 1                                     | 1  | .00                |       | .00                      | .001        | .00              |     | .00        |
| ROOM USE                           | <u> </u>                              | 1  | .00                |       | .00                      | .001        | .00              |     | .00        |
| CROSSOVERS/ALL OTH OUTPTNT         |                                       | 2  | .00                |       | .00                      | .001        | .00              |     | .00        |
|                                    |                                       | ES AND EXPENDITURES                        | MONTH-OF-PAYMENT F | REPOF | RT FOR JAN               | 2004 THRU D | EC 2004          | P.  | AGE 10,683 |
| MOP024                             | FEE-FOR-SERVICE                       |  |                    |       |                          |             |                  |     | 03/14/05   |
| SACRAMENTO COUNTY                  | SUMMARY OF SERV                       | CES FOR MN - SOC                           | - DISABLED AID     | CODE  | ES 65 67 6W              |             |                  |     |            |
|                                    |                                       |  |                    |       |                          |             | NTHLY AVERA      | GE. |            |
| 1,945 ELIGIBLES                    | USERS                                 | UNITS OF SERVICE                           | EXPENDITURES       |       |                          | UNITS/DAYS  | COST PER         |     | COST PER   |
|                                    |                                       | OR DAYS OF CARE                            |                    | PE    | ER UNIT/DAY              | PER ELIG    | USER             |     | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL          | 501                                   | 7,518 \$                                   | 1,607,083.88       | \$    | 213.76                   | 3.865       | \$ 3207.75       | \$  | 826.26     |
| COMM HOSP INPATIENT TOTAL          | 135                                   | 1,108                                      | 1,385,163.02       |       | 1250.15                  | .570        | 10260.47         |     | 712.17     |
| HSC HOSPITALS                      | 106                                   | 1,075                                      | 1,298,894.70       |       | 1208.27                  | .553        | 12253.72         |     | 667.81     |
| NON-HSC HOSPITALS TOTAL            | 7                                     | 33   | 63,613.00          |       | 1927.67                  | .017        | 9087.57          |     | 32.71      |
| ACCOMMODATIONS                     | 7                                     | 33   | 15,240.90          |       | 461.85                   | .017        | 2177.27          |     | 7.84       |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0                                     | 0  | 13,240.90          |       |                          | .000        | .00              |     | .00        |
|                                    | •                                     |  |                    |       | .00                      |             |                  |     |            |
| TRANSITIONAL IP CARE               | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
| ALL OTHER ACCOM                    | 7                                     | 33   | 15,240.90          |       | 461.85                   | .017        | 2177.27          |     | 7.84       |
| ANCILLARIES                        | 7                                     | 0  | 48,372.10          |       | .00                      | .000        | 6910.30          |     | 24.87      |
| INPATIENT CROSSOVERS               | 23                                    | 0  | 22,655.32          |       | .00                      | .000        | 985.01           |     | 11.65      |
| ALL OTHER INPATIENT                | 0                                     | 0  | .00                |       | .00                      | .000        | .00              |     | .00        |
|                                    |                                       |  |                    |       |                          |             |                  |     |            |

| COMM HOSP OUTPATIENT TOTAL   | 410                    | 6,410 |        | 221,920.86        |       | 34.62      | 3.296     |     | 541.27   |    | 114.10     |
|------------------------------|------------------------|-------|--------|-------------------|-------|------------|-----------|-----|----------|----|------------|
| MEDICAL                      | 107                    | 176   |        | 12,866.57         |       | 73.11      | .090      |     | 120.25   |    | 6.62       |
| SURGERY                      | 20                     | 22    |        | 1,146.86          |       | 52.13      | .011      |     | 57.34    |    | .59        |
| PATHOLOGY                    | 151                    | 1,711 |        | 11,077.52         |       | 6.47       | .880      |     | 73.36    |    | 5.70       |
| RADIOLOGY                    | 112                    | 203   |        | 18,871.10         |       | 92.96      | .104      |     | 168.49   |    | 9.70       |
| ROOM USE                     | 199                    | 397   |        | 14,268.89         |       | 35.94      | .204      |     | 71.70    |    | 7.34       |
| CROSSOVERS/ALL OTH OUTPTNT   |                        | 3,901 |        | 163,689.92        |       | 41.96      | 2.006     |     | 599.60   |    | 84.16      |
| @STATE HOSPITAL              | 0                      | 0     | \$     | .00               | \$    | .00        | .000      | \$  |          | \$ | .00        |
| MENTALLY ILL                 | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| DEVELOP. DISABLED            | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @NURSING FACILITY            | 79                     | 1,890 | \$     | 374,452.00        |       | 198.12     | .972      | \$  | 4739.90  | \$ | 192.52     |
| LEV A-INTERMEDIATE           | 6                      | 275   |        | 14,884.50         |       | 54.13      | .141      |     | 2480.75  |    | 7.65       |
| LEV B-REHAB MD               | 2                      | 69    |        | 6 <b>,</b> 875.08 |       | 99.64      | .035      |     | 3437.54  |    | 3.53       |
| LEV B-SUBACUTE FREESTANDING  | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 9<br>0                 | 345   |        | 187,224.53        |       | 542.68     | .177      |     | 20802.73 |    | 96.26      |
| LEV B-TRANSITIONAL IP CARE   |                        | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| LEV B-REGULAR                | 65                     | 1,201 |        | 165,467.89        |       | 137.78     | .617      |     | 2545.66  |    | 85.07      |
| @INTERMEDIATE CARE FACILDD   | 0                      | 0     | \$     | .00               | \$    | .00        | .000      | \$  | .00      | \$ | .00        |
| ICF DDH                      | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| ICF DD                       | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| ICF DDN/DDCN                 | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @HEMODIALYSIS TOTAL          | 118                    | 1,554 | \$     | 84,077.44         | \$    | 54.10      | .799      | \$  | 712.52   | \$ | 43.23      |
| HOSPITAL BASED               | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| HEMODIALYSIS CENTER          | 118                    | 1,554 |        | 84,077.44         |       | 54.10      | .799      |     | 712.52   |    | 43.23      |
| @REHABILITATION FACILITY     | 5                      | 12    | \$     | 377.57            | \$    | 31.46      | .006      | \$  | 75.51    | \$ | .19        |
| HOSPITAL BASED               | 5                      | 12    |        | 377.57            |       | 31.46      | .006      |     | 75.51    |    | .19        |
| INDEPENDENT FACILITY         | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @LABORATORY FACILITY         | 5<br>5<br>0<br>82      | 595   | \$     | 6,902.31          | \$    | 11.60      | .306      | \$  | 84.17    | \$ | 3.55       |
| PATHOLOGY                    | 75                     | 556   |        | 6,765.60          |       | 12.17      | .286      |     | 90.21    |    | 3.48       |
| XO AND OTHERS                | 7                      | 39    |        | 136.71            |       | 3.51       | .020      |     | 19.53    |    | .07        |
| @ORGANIZED OUTPATIENT CLINIC | 101                    | 324   | \$     | 4,741.88          | \$    | 14.64      | .167      | \$  | 46.95    | \$ | 2.44       |
| CLINIC                       | 84                     | 256   |        | 2,353.18          |       | 9.19       | .132      |     | 28.01    |    | 1.21       |
| SURGICENTER                  | 5                      | 52    |        | 1,250.40          |       | 24.05      | .027      |     | 250.08   |    | .64        |
| HEROIN DETOX CLINIC          | 0                      | 0     |        | .00               |       | .00        | .000      |     | .00      |    | .00        |
| RURAL HEALTH CLINIC          | 12                     | 16    |        | 1,138.30          |       | 71.14      | .008      |     | 94.86    |    | .59        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND  |       | URES I |                   | EPOR' | T FOR JAN  | 2004 THRU | DEC | 2004     | P. | AGE 10,684 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL |       |        |                   |       |            |           |     |          |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FO |       | SOC -  | DISABLED AID      | CODE  | s 65 67 6V | V 6Y      |     |          |    | · · · ·    |

----- MONTHLY AVERAGE -----1,945 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER 329 17,794 189,932.11 577.30 \$ @ALL OTHER PROVIDERS 10.67 9.149 \$ 97.65 391.98 .022 914.62 DURABLE MED. EQUIP. 18 42 16,463.21 8.46 0 .00 BLOOD BANK 0 .00 .00 .000 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 33,835.44 286.74 MEDICAL TRANSPORTATION 118 8,492 3.98 4.366 17.40 AMBULANCES/AIR TRANS 55 401 7,259.71 18.10 .206 131.99 3.73 63 8,078 26,559.56 421.58 OTHER TRANS 3.29 4.153 13.66 OTHER SERVICES 3 13 16.17 1.24 .007 5.39 .01 0 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 405 18,849.43 46.54 856.79 9.69 .208 .000 GENETIC DISEASE TESTING Ω 0 .00 .00 .00 .00 80,486.43 2,712 29.68 1.394 981.54 41.38 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 OPTICIAN 21 46 521.81 24.85 11.34 .024 .27 PHYSICAL THERAPIST .00 .00 .000 .00 .00

| PORTABLE X-RAY                | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
|-------------------------------|-----|-------|------------------|-------------|-------|---------------|-------------|
| PROSTHETIST/ORTHOTISTS        | 11  | 75    | 8,833.60         | 117.78      | .039  | 803.05        | 4.54        |
| PROSTHETICS                   | 11  | 75    | 8,833.60         | 117.78      | .039  | 803.05        | 4.54        |
| ORTHOTICS                     | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
| PSYCHOLOGIST                  | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
| SPEECH AND AUDIOLOGY          | 2   | 4     | 143.62           | 35.91       | .002  | 71.81         | .07         |
| HOSPICE SERVICES              | 11  | 201   | 24,408.23        | 121.43      | .103  | 2218.93       | 12.55       |
| NONINST BIRTHING CENTERS      | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
| LOCAL EDUCATION AGENCIES      | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
| EPSDT SUPPLEMENTAL SERVICE    | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
| RESPIRATORY CARE PRACT.       | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
| PED SUBACUTE REHAB/WEANING    | 0   | 0     | .00              | .00         | .000  | .00           | .00         |
| ALL OTHER PROVIDERS           | 81  | 5,817 | 6,390.34         | 1.10        | 2.991 | 78.89         | 3.29        |
| @CALIF. CHILDREN SERVICES*    | 10  | 123   | \$<br>10,701.93  | \$<br>87.01 | .063  | \$<br>1070.19 | \$<br>5.50  |
| @XOVER EXCLUDING STATE HOSP** | 603 | 9,524 | \$<br>176,008.65 | \$<br>18.48 | 4.897 | \$<br>291.89  | \$<br>90.49 |
|                               |     |       |                  |             |       |               |             |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,685 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

|                       |       |                  |          |              |              | MON        | ITHLY AVERA | GE        |
|-----------------------|-------|------------------|----------|--------------|--------------|------------|-------------|-----------|
| 1,967 ELIGIBLES       | USERS | UNITS OF SERVICE | Ξ        | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER  |
|                       |       | OR DAYS OF CAR   | $\equiv$ |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS | 2,593 | 17,218           | \$       | 1,434,910.56 | \$ 83.34     | 8.753 \$   | 553.38      | \$ 729.49 |
| @PHYSICIANS SERVICES  | 1,357 | 5 <b>,</b> 459   | \$       | 244,540.98   | \$ 44.80     | 2.775 \$   | 180.21      | \$ 124.32 |
| OUTPATIENT VISITS     | 763   | 966              |          | 44,521.56    | 46.09        | .491       | 58.35       | 22.63     |
| OFFICE VISITS         | 290   | 389              |          | 11,622.95    | 29.88        | .198       | 40.08       | 5.91      |
| HOME VISITS           | 0     | 0                |          | .00          | .00          | .000       | .00         | .00       |
| EMERGENCY ROOM        | 428   | 470              |          | 28,726.76    | 61.12        | .239       | 67.12       | 14.60     |
| PREVENTIVE CARE       | 3     | 3                |          | 123.87       | 41.29        | .002       | 41.29       | .06       |
| OB VISITS/COMPRE PERI | 16    | 33               |          | 2,291.73     | 69.45        | .017       | 143.23      | 1.17      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OPER OUTPARTENT 57 71 1,756.25 24.74 0.36 30.81 .89 INFATIENT VISITS 159 582 29,507.37 50.70 .296 185.58 15.00 HOSEITAL VISITS 158 536 22,507.37 50.70 .296 185.58 15.00 HOSEITAL VISITS 158 536 22,009.07 43.33 .722 146.89 11.80 SEFICE/TRANS IF CARE 7 46 6.298.30 186.82 0.23 699.76 3.20 SEFICE/TRANS IF CARE 9 15 0 0 0 0 0.00 0.00 0.00 0.00 OPHTHALKOLOGICAL SERVICES 9 15 5 41.88 35.53 .000 60.39 .22 SERVICES AND MATERIALS 1 4 4 112.92 28.23 .002 112.92 .06 INPATIENT POSPITAL SURGERY 126 711 53.996.95 75.95 .361 428.55 27.45 PRINCIPAL SURGEON 90 136 40.181.05 299.45 .069 446.76 22.43 ASSISTANT SURGEON 5 5 788.35 157.67 .003 157.67 .40 AMESTHESIOLOGIST 56 570 13,027.55 22.86 .290 232.63 .6.62 OUTPATIENT SURGEON 119 135 20,456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 119 135 20,456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 119 135 20,456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 1 1 1 1 2 39.00 90.001 90.00 .00 ARSITESIOLOGIST 30 151 3,757.46 24.88 .077 125.25 1.91 DIALYSIS 6 33 .174.04 24.88 .077 125.25 1.91 DIALYSIS 6 33 .174.04 24.88 .077 125.25 1.91 DIALYSIS 6 33 .174.04 24.88 .077 125.25 1.91 DIALYSIS 6 30 .00 19.00 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON 1 1 1 1 9 .36 .20 .54 .60 .00 .00 .00 .00 .00 .00 .00 .00 ARSITESIOLOGIST 30 .00 151 3,757.46 24.88 .077 125.25 1.91 DIALYSIS 6 30 .00 19.00 .00 .00 .00 .00 .00 .00 .00 .00 .00   |                            |                    |              |        |                   |       |        |       |     |         |    |       |
|--|----------------------------|--------------------|--------------|--------|-------------------|-------|--------|-------|-----|---------|----|-------|
| HOSPITAL VISITS 158 536 23,209.07 43.30 .272 146.89 11.80 CRITICAL CARE 7 46 6,298.30 136.92 .023 899.76 3.20 SMF/ICE/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  | OTHER OUTPATIENT           | 57                 | 71           |        | 1,756.25          |       | 24.74  | .036  |     | 30.81   |    | .89   |
| CRITICAL CARE  | INPATIENT VISITS           |                    |              |        |                   |       |        |       |     |         |    |       |
| OPHTHALMOLOGICAL SERVICES 9 15 547.58 36.51 .008 60.84 .28 EXAMINATIONS 9 11 434.66 39.51 .006 48.30 .22 SERVICES AND MATERIALS 1 4 112.92 28.23 .002 112.92 .06 INPATIENT HOSPITAL SURGERY 126 711 53,969.95 75.95 .361 428.55 27.45 PRINCIPAL SURGEON 90 136 40.181.05 295.45 .069 446.46 20.43 ASSISTANT SURGEON 5 5 5 788.35 157.67 .003 157.67 .40 ANS.THESIOLOGIST 56 570 13,027.55 22.86 .290 232.63 6.62 OUTPATIENT SURGERY 138 287 24,307.52 84.70 .146 176.14 12.36 PRINCIPAL SURGEON 11 135 20.456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 11 1 1 89.08 93.08 .001 93.08 .05 ANS.THESIOLOGIST 6 6 33 1.720.36 52.13 .007 125.25 1.91 DIALYSIS 6 33 1.720.36 52.13 .017 286.73 .87 PATHOLOGY 497 1,100 38.757.46 24.88 .077 125.25 1.91 DIALYSIS 6 33 1.720.36 52.13 .017 286.73 .87 PATHOLOGY 497 1,100 38.755.46 24.88 .077 125.25 1.91 DIALYSIS 6 .00 .00 .00 .00 .00 .00 .00 .00 .00 .   | HOSPITAL VISITS            | 158                |              |        |                   |       |        |       |     |         |    |       |
| OPHTHALMOLOGICAL SERVICES 9 15 547.58 36.51 .008 60.84 .28 EXAMINATIONS 9 11 434.66 39.51 .006 48.30 .22 SERVICES AND MATERIALS 1 4 112.92 28.23 .002 112.92 .06 INPATIENT HOSPITAL SURGERY 126 711 53,969.95 75.95 .361 428.55 27.45 PRINCIPAL SURGEON 90 136 40.181.05 295.45 .069 446.46 20.43 ASSISTANT SURGEON 5 5 5 788.35 157.67 .003 157.67 .40 ANS.THESIOLOGIST 56 570 13,027.55 22.86 .290 232.63 6.62 OUTPATIENT SURGERY 138 287 24,307.52 84.70 .146 176.14 12.36 PRINCIPAL SURGEON 11 135 20.456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 11 1 1 89.08 93.08 .001 93.08 .05 ANS.THESIOLOGIST 6 6 33 1.720.36 52.13 .007 125.25 1.91 DIALYSIS 6 33 1.720.36 52.13 .017 286.73 .87 PATHOLOGY 497 1,100 38.757.46 24.88 .077 125.25 1.91 DIALYSIS 6 33 1.720.36 52.13 .017 286.73 .87 PATHOLOGY 497 1,100 38.755.46 24.88 .077 125.25 1.91 DIALYSIS 6 .00 .00 .00 .00 .00 .00 .00 .00 .00 .   | CRITICAL CARE              | 7                  | 46           |        | 6,298.30          |       |        |       |     | 899.76  |    |       |
| OPHTHALMOLOGICAL SERVICES 9 15 547.58 36.51 .008 60.84 .28 EXAMINATIONS 9 11 434.66 39.51 .006 48.30 .22 SERVICES AND MATERIALS 1 4 112.92 28.23 .002 112.92 .06 INPATIENT HOSPITAL SURGERY 126 711 53,969.95 75.95 .361 428.55 27.45 PRINCIPAL SURGEON 90 136 40.181.05 295.45 .069 446.46 20.43 ASSISTANT SURGEON 5 5 5 788.35 157.67 .003 157.67 .40 ANS.THESIOLOGIST 56 570 13,027.55 22.86 .290 232.63 6.62 OUTPATIENT SURGERY 138 287 24,307.52 84.70 .146 176.14 12.36 PRINCIPAL SURGEON 11 135 20.456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 11 1 1 89.08 93.08 .001 93.08 .05 ANS.THESIOLOGIST 6 6 33 1.720.36 52.13 .007 125.25 1.91 DIALYSIS 6 33 1.720.36 52.13 .017 286.73 .87 PATHOLOGY 497 1,100 38.757.46 24.88 .077 125.25 1.91 DIALYSIS 6 33 1.720.36 52.13 .017 286.73 .87 PATHOLOGY 497 1,100 38.755.46 24.88 .077 125.25 1.91 DIALYSIS 6 .00 .00 .00 .00 .00 .00 .00 .00 .00 .   | SNF/ICF/TRANS IP CARE      | 0                  | 0            |        | .00               |       |        | .000  |     | .00     |    | .00   |
| PRINCIPAL SURGEON 90 136 40,181.05 295.45 .069 446.46 20.43 ASSISTANT SURGEON 5 5 788.35 157.67 .003 157.67 .40 AND AND ASSISTANT SURGEON 138 287 24,307.52 84.70 .146 176.14 12.36 PRINCIPAL SURGEON 119 135 20,456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 15 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 115 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 497 1,140 38.258.63 33.56 .580 76.98 19.45 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  | OPHTHALMOLOGICAL SERVICES  | 9                  | 15           |        | 547.58            |       | 36.51  | .008  |     | 60.84   |    | .28   |
| PRINCIPAL SURGEON 90 136 40,181.05 295.45 .069 446.46 20.43 ASSISTANT SURGEON 5 5 788.35 157.67 .003 157.67 .40 AND AND ASSISTANT SURGEON 138 287 24,307.52 84.70 .146 176.14 12.36 PRINCIPAL SURGEON 119 135 20,456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 15 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 115 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 497 1,140 38.258.63 33.56 .580 76.98 19.45 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  | EXAMINATIONS               | 9                  | 11           |        | 434.66            |       | 39.51  | .006  |     | 48.30   |    | .22   |
| PRINCIPAL SURGEON 90 136 40,181.05 295.45 .069 446.46 20.43 ASSISTANT SURGEON 5 5 788.35 157.67 .003 157.67 .40 AND AND ASSISTANT SURGEON 138 287 24,307.52 84.70 .146 176.14 12.36 PRINCIPAL SURGEON 119 135 20,456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 15 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 115 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 497 1,140 38.258.63 33.56 .580 76.98 19.45 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  | SERVICES AND MATERIALS     | 1                  | 4            |        | 112.92            |       | 28.23  | .002  |     | 112.92  |    | .06   |
| PRINCIPAL SURGEON 90 136 40,181.05 295.45 .069 446.46 20.43 ASSISTANT SURGEON 5 5 788.35 157.67 .003 157.67 .40 AND AND ASSISTANT SURGEON 138 287 24,307.52 84.70 .146 176.14 12.36 PRINCIPAL SURGEON 119 135 20,456.98 151.53 .069 171.91 10.40 ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 1 1 1 93.08 93.08 .001 93.08 .05 AND ASSISTANT SURGEON 1 15 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 115 220 5.440.45 24.73 .112 47.31 2.77 PATHOLOGY 497 1,140 38.258.63 33.56 .580 76.98 19.45 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  | INPATIENT HOSPITAL SURGERY | 126                | 711          |        | 53,996.95         |       | 75.95  | .361  |     | 428.55  |    | 27.45 |
| ANESTHESIOLOGIST 56 570 13,027,55 22,86 .290 232,63 6.62 OUTPATIENT SURGERY 138 287 24,307,52 84,70 .146 176,14 12,36 PRINCIPAL SURGEON 119 135 20,456,98 151,53 .069 171,91 10.40 ASSISTANT SURGEON 1 1 1 1 93,08 93,08 .001 93,08 .05 ANESTHESIOLOGIST 30 151 3,757,46 24,88 .077 125,25 1.91 DIALYSIS 6 33 1,720,36 52,13 .017 286,73 .87 PATHOLOGY 115 220 5,440,45 24,73 .112 47,31 2.77 RADIOLOGY 497 1,140 38,258,63 33,56 .580 76,98 19,45 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00   | PRINCIPAL SURGEON          | 90                 | 136          |        | 40,181.05         |       | 295.45 | .069  |     | 446.46  |    | 20.43 |
| OUTPATIENT SURGERY   138   287   24,307.52   84.70   .146   176.14   12.36   PRINCIPAL SURGEON   119   135   20,456.98   151.53   .069   171.91   12.36   ASSISTANT SURGEON   1   1   1   93.08   93.08   .001   93.08   .05   ANESTHESIOLGIST   30   151   3.757.46   24.88   .077   125.25   1.91   DIALYSIS   6   33   1,720.36   52.13   .017   286.73   .87   PATHOLOGY   115   220   5,440.45   24.73   .112   47.31   2.77   ANESTHESIOLOGY   497   1,140   38,258.63   33.56   .580   76.98   19.45   PSYCHIATRY   0   0   0   .00   .   | ASSISTANT SURGEON          | 5                  | 5            |        | 788.35            |       | 157.67 | .003  |     | 157.67  |    | .40   |
| PRINCIPAL SURGEON  | ANESTHESIOLOGIST           | 56                 | 570          |        | 13,027.55         |       | 22.86  | .290  |     | 232.63  |    | 6.62  |
| RESISTANT SURGEON ANESTHESIOLOGIST 30 151 3,757.46 24.88 0,001 30,08 05 DIALYSIS 6 33 1,720.36 52.13 0,17 286.73 1,87 PATHOLOGY 115 220 5,440.45 24.73 1,112 47.31 2.77 RADIOLOGY 497 1,140 38,258.63 33.56 580 76.98 19.45 PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | OUTPATIENT SURGERY         | 138                | 287          |        | 24,307.52         |       | 84.70  | .146  |     | 176.14  |    | 12.36 |
| ARSISTANT SURGEON 1 1 1 93.08 93.08 .001 93.08 .05 AMESTHESIOLOGIST 30 151 3,757.46 24.88 .077 125.25 1.91 DIALYSIS 6 33 1,720.36 52.13 .017 286.73 .87 PATHOLOGY 115 220 5,440.45 24.73 .112 47.31 2.77 RADIOLOGY 497 1,140 38,258.63 33.56 580 76.98 19.45 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  | PRINCIPAL SURGEON          | 119                | 135          |        | 20,456.98         |       | 151.53 | .069  |     | 171.91  |    | 10.40 |
| MMUNIZATION AND INJECTION   21   913   26,650.00   29,19   4.64   1269.05   13.55   12.55   12.55   12.55   13.55   12.55   12.55   13.55   12.55      | ASSISTANT SURGEON          | 1                  | 1            |        |                   |       | 93.08  | .001  |     | 93.08   |    | .05   |
| MMUNIZATION AND INJECTION   21   913   26,650.00   29,19   4.64   1269.05   13.55   12.55   12.55   12.55   13.55   12.55   12.55   13.55   12.55      | ANESTHESIOLOGIST           | 30                 | 151          |        | 3,757.46          |       |        | .077  |     | 125.25  |    | 1.91  |
| MMUNIZATION AND INJECTION   21   913   26,650.00   29,19   4.64   1269.05   13.55   12.55   12.55   12.55   13.55   12.55   12.55   13.55   12.55      | DIALYSIS                   | 6                  | 33           |        | 1,720.36          |       | 52.13  | .017  |     | 286.73  |    | .87   |
| MMUNIZATION AND INJECTION   21   913   26,650.00   29,19   4.64   1269.05   13.55   12.55   12.55   12.55   13.55   12.55   12.55   13.55   12.55      | PATHOLOGY                  | 115                | 220          |        | 5,440.45          |       | 24.73  |       |     |         |    |       |
| MMUNIZATION AND INJECTION   21   913   26,650.00   29,19   4.64   1269.05   13.55   12.55   12.55   12.55   13.55   12.55   12.55   13.55   12.55      | RADIOLOGY                  | 497                |              |        | 38,258.63         |       | 33.56  |       |     | 76.98   |    | 19.45 |
| MMUNIZATION AND INJECTION   21   913   26,650.00   29,19   4.64   1269.05   13.55   12.55   12.55   12.55   13.55   12.55   12.55   13.55   12.55      | PSYCHIATRY                 | 0                  |              |        |                   |       |        |       |     |         |    |       |
| ## SERVICES/ALL X-OVERS   275   592   19,590.56   33.09   .301   71.24   9.96   ## SERVICES/ALL X-OVERS   624   2,030   162,929.36   80.26   1.032   261.10   82.83   ## SERSCRIPTION DRUGS   615   1,724   131,305.93   76.16   .876   213.51   66.75   ## SNF/ICF   0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.0   |                            | 21                 | 913          |        | 26,650.00         |       | 29.19  | .464  |     | 1269.05 |    |       |
| @PHARMACY         624         2,030         \$ 162,929.36         \$ 80.26         1.032         \$ 261.10         \$ 82.83           PRESCRIPTION DRUGS         615         1,724         131,305.93         76.16         .876         213.51         66.75           SNF/ICF         0         0         .00         .00         .00         .00         .00           OUTPATIENTS         615         1,724         131,305.93         76.16         .876         213.51         66.75           MEDICAL SUPPLIES         28         306         31,623.43         103.34         .156         1129.41         16.08           @DENTIST         201         1,153         \$ 32,370.98         \$ 28.08         .586         \$ 161.05         \$ 16.46           VISITS - DIAGNOSTIC         147         674         5,911.00         8.77         .343         40.21         3.01           ORAL SURGERY         48         129         5,753.00         44.60         .066         119.85         2.92           DRUGS         2         2         2         100.00         50.00         .001         50.00         .03           ARESTHESIA         2         2         2         100.00         50.00  | OTHER SERVICES/ALL X-OVERS |                    | 592          |        | 19,590.56         |       | 33.09  |       |     |         |    | 9.96  |
| PRESCRIPTION DRUGS         615         1,724         131,305.93         76.16         .876         213.51         66.75           SNF/ICF         0         0         .00 <t< td=""><td>@PHARMACY</td><td>624</td><td></td><td>\$</td><td></td><td>\$</td><td></td><td>1.032</td><td>\$</td><td>261.10</td><td>\$</td><td>82.83</td></t<>  | @PHARMACY                  | 624                |              | \$     |                   | \$    |        | 1.032 | \$  | 261.10  | \$ | 82.83 |
| DRUGS  | PRESCRIPTION DRUGS         | 615                |              |        |                   | ·     |        |       |     |         |    | 66.75 |
| DRUGS  | SNF/ICF                    | 0                  | . 0          |        | .00               |       | .00    | .000  |     | .00     |    | .00   |
| DRUGS  | OUTPATIENTS                | 615                | 1,724        |        | 131,305.93        |       |        |       |     | 213.51  |    | 66.75 |
| DRUGS  | MEDICAL SUPPLIES           | 28                 |              |        | 31,623.43         |       |        |       |     |         |    | 16.08 |
| DRUGS  | @DENTIST                   | 201                | 1,153        | \$     | 32,370.98         | \$    |        | .586  | \$  |         | \$ | 16.46 |
| DRUGS  | VISITS - DIAGNOSTIC        | 147                |              |        |                   |       |        |       |     |         |    |       |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | ORAL SURGERY               | 48                 | 129          |        | 5,753.00          |       | 44.60  | .066  |     | 119.85  |    | 2.92  |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | DRUGS                      | 2                  |              |        |                   |       |        |       |     |         |    |       |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | ANESTHESIA                 | 2                  | 2            |        |                   |       |        |       |     |         |    |       |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | PERIODONTICS               | 13                 | 14           |        |                   |       |        |       |     |         |    |       |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | ENDODONTICS                | 23                 | 31           |        |                   |       | 194.23 | .016  |     | 261.78  |    | 3.06  |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | RESTORATIVE DENTISTRY      | 71                 | 241          |        | 10,874.98         |       | 45.12  |       |     | 153.17  |    | 5.53  |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | PROSTHETICS                | 1                  | 1            |        | 30.00             |       |        |       |     |         |    | .02   |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | DENTURES, STAYPLATES       | 6                  | 35           |        | 1,730.00          |       | 49.43  | .018  |     | 288.33  |    | .88   |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | SPACE MAINTAINERS          | 3                  | 3            |        | 156.00            |       | 52.00  |       |     |         |    | .08   |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | MAXILLOFACIAL SERVICES     | 0                  | 0            |        | .00               |       | .00    | .000  |     | .00     |    | .00   |
| ALL OTHER SERVICES 4 7 .00 .00 .004 .00 .00  | FRACTURES, DISLOCATIONS    | 0                  | 0            |        | .00               |       |        | .000  |     | .00     |    | .00   |
|  | ORTHODONTIC SERVICES       | 7                  |              |        |                   |       |        |       |     |         |    | .27   |
|  | ALL OTHER SERVICES         | 4                  | 7            |        | .00               |       | .00    | .004  |     | .00     |    | .00   |
| to the state of th |                            |                    |              | JRES 1 |                   | EPORT |        |       | DEC |         | P. |       |
| MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05   | MOP024                     | FEE-FOR-SERVICE/DE | INTAL        |        |                   |       |        |       |     |         |    |       |
| SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37  | SACRAMENTO COUNTY          | SUMMARY OF SERVICE | S FOR MN - S | SOC -  | FAMILIES AID CODE | 5R 6  | SR 37  |       |     |         |    |       |

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 1,967 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 24 79 \$ 1,469.93 \$ 18.61 .040 \$ 61.25 \$ .75 DIAGNOSTIC AND ANC. PROCED 21 31.59 41.46 16 663.35 .011 0 0 EYE APPLIANCES 20 806.58 13.91 .029 40.33 .41 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 \$ .00 .00 \$ .00 @CHIROPRACTOR .000 \$ 0 .00 .00 .00 VISITS 0 .000 .00 .00 .000 OTHER SERVICES 0 .00 414.83 \$ @PODIATRIST 51.85 .004 \$ 69.14 \$

| MEDICINE/INJECTIONS          | 3               | 4                     | 162.40                   | 40.60             | .002           | 54.13      | .08         |
|------------------------------|-----------------|-----------------------|--------------------------|-------------------|----------------|------------|-------------|
| SURGERY/ANES.                | 1               | 1                     | 183.92                   | 183.92            | .001           | 183.92     | .09         |
| RADIO./PATHOLOGY             | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| OTHER                        | 2               | 3                     | 68.51                    | 22.84             | .002           | 34.26      | .03         |
| @HOME HEALTH AGENCY          | 1               | 5 \$                  | 374.30                   | \$ 74.86          | .003 \$        | 374.30     | \$ .19      |
| NURSE ANESTHESIST            | 1               | 13 \$                 | 96.78                    | \$ 7.44           | .007 \$        | 96.78      | \$ .05      |
| NURSE MIDWIFE                | 0               | 0 \$                  | .00                      |                   | ·              |            |             |
|                              | 0               |                       |                          | \$ .00            | .000 \$        | .00        |             |
| PEDIATRIC NURSE PRACTITIONER |                 | 0 \$                  | .00                      | \$ .00            | .000 \$        | .00        | \$ .00      |
| FAMILY NURSE PRACTITIONER    | 1               | 1 \$                  | 18.10                    | \$ 18.10          | .001 \$        |            | \$ .01      |
| @TOTAL HOSPITAL              | 863             | 6,259 \$              | 941,851.76               | \$ 150.48         | 3.182 \$       | 1091.37    | •           |
| HOSP INPATIENT TOTAL         | 163             | 724                   | 830,452.42               | 1147.03           | .368           | 5094.80    | 422.19      |
| HSC HOSPITALS                | 155             | 689                   | 789,358.21               | 1145.66           | .350           | 5092.63    | 401.30      |
| NON-HSC HOSPITAL TOTAL       | 9               | 35                    | 41,094.21                | 1174.12           | .018           | 4566.02    | 20.89       |
| ACCOMMODATIONS               | 9               | 35                    | 18,142.70                | 518.36            | .018           | 2015.86    | 9.22        |
| ADMINISTRATIVE DAYS          | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| TRANSITIONAL IP CARE         | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| ALL OTHER ACCOM              | 9               | 35                    | 18,142.70                | 518.36            | .018           | 2015.86    | 9.22        |
| ANCILLARIES                  | 9               | 0                     | 22,951.51                | .00               | .000           | 2550.17    | 11.67       |
| INPATIENT CROSSOVERS         | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| ALL OTHER INPATIENT          | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| HOSP OUTPATIENT TOTAL        | 731             | 5,535                 | 111,399.34               | 20.13             | 2.814          | 152.39     | 56.63       |
| MEDICAL                      | 241             | 382                   | 10,775.51                | 28.21             | .194           | 44.71      | 5.48        |
| SURGERY                      | 92              | 96                    | 2,703.19                 | 28.16             | .049           | 29.38      | 1.37        |
|                              | 367             | 2 <b>,</b> 538        | 18,158.87                | 7.15              | 1.290          | 49.48      | 9.23        |
| PATHOLOGY                    | 322             | •                     |                          |                   |                |            |             |
| RADIOLOGY                    |                 | 535                   | 37,005.81                | 69.17             | .272           | 114.92     | 18.81       |
| ROOM USE                     | 561             | 710                   | 20,931.60                | 29.48             | .361           | 37.31      | 10.64       |
| CROSSOVERS/ALL OTH OUTPTNT   | 363             | 1,274                 | 21,824.36                | 17.13             | .648           | 60.12      | 11.10       |
| @COUNTY HOSPITAL TOTAL       | 7               | 39 \$                 | 1,116.02                 | \$ 28.62          | .020 \$        | 159.43     |             |
| CO HOSPITAL INPATIENT TOTAL  | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| HSC HOSPITALS                | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| NON-HSC HOSPITALS TOTAL      | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| ACCOMMODATIONS               | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| ADMINISTRATIVE DAYS          | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| TRANSITIONAL IP CARE         | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| ALL OTHER ACCOM              | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| ANCILLARIES                  | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| INPATIENT CROSSOVERS         | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| ALL OTHER INPATIENT          | 0               | 0                     | .00                      | .00               | .000           | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL     | 7               | 39                    | 1,116.02                 | 28.62             | .020           | 159.43     | .57         |
| MEDICAL                      | 2               | 4                     | 182.40                   | 45.60             | .002           | 91.20      | .09         |
| SURGERY                      | 1               | 2                     | 75.94                    | 37.97             | .001           | 75.94      | .04         |
| PATHOLOGY                    | 4               | 23                    | 438.29                   | 19.06             | .012           | 109.57     | .22         |
| RADIOLOGY                    | 2               | 2                     | 140.96                   | 70.48             | .001           | 70.48      | .07         |
| ROOM USE                     | _<br>5          | 5                     | 197.37                   | 39.47             | .003           | 39.47      | .10         |
| CROSSOVERS/ALL OTH OUTPINT   | 2               | 3                     | 81.06                    | 27.02             | .002           | 40.53      | .04         |
|                              |                 | ES AND EXPENDITURES M |                          |                   |                |            | PAGE 10,687 |
| MOP024                       | FEE-FOR-SERVICE |                       |                          | 101(1 101( 0111 2 | LOUI IIINO DEC | 2001       | 03/14/05    |
| SACRAMENTO COUNTY            |                 | ICES FOR MN - SOC -   | EXMITTES ATD CODE        | 5D 6D 37          |                |            | 03/14/03    |
| SACKAMENTO COUNTY            | SOMMANT OF SERV | ICES FOR PIN SOC      | PAMILIES AID CODE        | JK 0K J7          | MONT           | THIV AWEDA | CF          |
| 1,967 ELIGIBLES              | USERS           | UNITS OF SERVICE      | EXPENDITURES             | AVERAGE COST      |                |            | COST PER    |
| T, 201 ETTGIDES              | מאמטט           | OR DAYS OF CARE       | TYLTIADIIOUTS            | PER UNIT/DAY      |                | USER       | ELIGIBLE    |
| ACOMMINITAL HORDINAL MODAL   | 857             |                       | 040 725 74               | - ,               |                | 1097.71    |             |
| @COMMUNITY HOSPITAL TOTAL    |                 | •                     | 940,735.74<br>830,452.42 | \$ 151.24         |                |            |             |
| COMM HOSP INPATIENT TOTAL    | 163             | 724                   | •                        | 1147.03           | .368           | 5094.80    | 422.19      |
| HSC HOSPITALS                | 155             | 689                   | 789,358.21               | 1145.66           | .350           | 5092.63    | 401.30      |
| NON-HSC HOSPITALS TOTAL      | 9               | 35                    | 41,094.21                | 1174.12           | .018           | 4566.02    | 20.89       |
| ACCOMMODATIONS               | 9               | 35                    | 18,142.70                | 518.36            | .018           | 2015.86    | 9.22        |
|                              |                 |                       |                          |                   |                |            |             |

| ADMINISTRATIVE DAYS          | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
|------------------------------|------------------------|-------|--------|------------------|------|---------|-------|-----|---------|----|------------|
| TRANSITIONAL IP CARE         | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| ALL OTHER ACCOM              | 9                      | 35    |        | 18,142.70        |      | 518.36  | .018  |     | 2015.86 |    | 9.22       |
| ANCILLARIES                  | 9                      | 0     |        | 22,951.51        |      | .00     | .000  |     | 2550.17 |    | 11.67      |
| INPATIENT CROSSOVERS         | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| ALL OTHER INPATIENT          | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| COMM HOSP OUTPATIENT TOTAL   | 725                    | 5,496 |        | 110,283.32       |      | 20.07   | 2.794 |     | 152.11  |    | 56.07      |
| MEDICAL                      | 239                    | 378   |        | 10,593.11        |      | 28.02   | .192  |     | 44.32   |    | 5.39       |
| SURGERY                      | 91                     | 94    |        | 2,627.25         |      | 27.95   | .048  |     | 28.87   |    | 1.34       |
| PATHOLOGY                    | 363                    | 2,515 |        | 17,720.58        |      | 7.05    | 1.279 |     | 48.82   |    | 9.01       |
| RADIOLOGY                    | 320                    | 533   |        | 36,864.85        |      | 69.16   | .271  |     | 115.20  |    | 18.74      |
| ROOM USE                     | 556                    | 705   |        | 20,734.23        |      | 29.41   | .358  |     | 37.29   |    | 10.54      |
| CROSSOVERS/ALL OTH OUTPTNT   | 361                    | 1,271 |        | 21,743.30        |      | 17.11   | .646  |     | 60.23   |    | 11.05      |
| @STATE HOSPITAL              | 0                      | , 0   | \$     | .00              |      | .00     | .000  | Ś   | .00     | Ś  | .00        |
| MENTALLY ILL                 | 0                      | 0     | ·      | .00              | ·    | .00     | .000  |     | .00     | ·  | .00        |
| DEVELOP. DISABLED            | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| @NURSING FACILITY            | 1                      | 0     | Ś      | 1,080.50         |      | .00     |       | Ś   | 1080.50 | Ś  | .55        |
| LEV A-INTERMEDIATE           | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| LEV B-REHAB MD               | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| LEV B-SUBACUTE FREESTANDING  | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| LEV B-REGULAR                | 1                      | 0     |        | 1,080.50         |      | .00     | .000  |     | 1080.50 |    | .55        |
| @INTERMEDIATE CARE FACILDD   | 0                      | 0     | \$     | .00              |      | .00     | .000  |     | .00     | Ś  | .00        |
| ICF DDH                      | 0                      | 0     | 7      | .00              |      | .00     | .000  | 7   | .00     | т. | .00        |
| ICF DD                       | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| ICF DDN/DDCN                 | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| @HEMODIALYSIS TOTAL          | 6                      | 147   | Ś      | 14,006.79        | \$   |         | .075  | Ś   | 2334.47 | Ś  | 7.12       |
| HOSPITAL BASED               | 1                      | 3     |        | 5,919.16         |      | 1973.05 | .002  |     | 5919.16 |    | 3.01       |
| HEMODIALYSIS CENTER          | _<br>5                 | 144   |        | 8,087.63         |      | 56.16   | .073  |     | 1617.53 |    | 4.11       |
| @REHABILITATION FACILITY     | 7                      | 17    | \$     | 365.71           |      | 21.51   | .009  | Ś   | 52.24   | Ś  | .19        |
| HOSPITAL BASED               | 7                      | 17    |        | 365.71           |      | 21.51   | .009  |     | 52.24   |    | .19        |
| INDEPENDENT FACILITY         | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| @LABORATORY FACILITY         | 146                    | 598   | \$     | 6,491.59         |      | 10.86   | .304  | \$  | 44.46   | \$ | 3.30       |
| PATHOLOGY                    | 146                    | 598   |        | 6,491.59         |      | 10.86   | .304  |     | 44.46   |    | 3.30       |
| XO AND OTHERS                | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 52                     | 202   | \$     | 5,489.04         |      | 27.17   | .103  | Ś   | 105.56  | Ś  | 2.79       |
| CLINIC                       | 33                     | 115   | 7      | 2,235.91         |      | 19.44   | .058  | 7   | 67.75   | т. | 1.14       |
| SURGICENTER                  | 13                     | 80    |        | 2,269.24         |      | 28.37   | .041  |     | 174.56  |    | 1.15       |
| HEROIN DETOX CLINIC          | 0                      | 0     |        | .00              |      | .00     | .000  |     | .00     |    | .00        |
| RURAL HEALTH CLINIC          | 6                      | 7     |        | 983.89           |      | 140.56  | .004  |     | 163.98  |    | .50        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND  |       | IRES M |                  |      |         |       | DEC |         | P  | AGE 10,688 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL |       |        |                  |      |         |       |     | _ 0 0 1 | -  | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FO |       | SOC -  | FAMILIES AID COD | E 5R | 6R 37   |       |     |         |    | 20, 21, 00 |
|                              |                        |       |        |                  |      |         |       |     |         |    |            |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

|                        |       |                  |              |              | MON        | THLY AVERA | GE       |
|------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 1,967 ELIGIBLES        | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER |
|                        |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE |
| @ALL OTHER PROVIDERS   | 176   | 1,247 \$         | 23,409.91    | \$ 18.77     | .634 \$    | 133.01     | \$ 11.90 |
| DURABLE MED. EQUIP.    | 10    | 15               | 797.49       | 53.17        | .008       | 79.75      | .41      |
| BLOOD BANK             | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| HEARING AID DISPENSERS | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| MEDICAL TRANSPORTATION | 113   | 989              | 17,344.42    | 17.54        | .503       | 153.49     | 8.82     |
| AMBULANCES/AIR TRANS   | 112   | 686              | 12,894.18    | 18.80        | .349       | 115.13     | 6.56     |
| OTHER TRANS            | 1     | 300              | 840.36       | 2.80         | .153       | 840.36     | .43      |
| OTHER SERVICES         | 3     | 3                | 3,609.88     | 1203.29      | .002       | 1203.29    | 1.84     |
| ACUPUNCTURE            | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
|                        |       |                  |              |              |            |            |          |

| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
|----|---|------------------------------------|---------------------------------------|---|--|---|--|---|---|
| 4  | 4   |                                    | 420.00                                | 105.  | .0   | 02  | 105.00   |   | .21   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 16 | 34  |                                    | 324.58                                | 9.  | 55 .0  | 17  | 20.29  |   | .17   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 2  | 2   |                                    | 336.00                                | 168.  | .0   | 01  | 168.00   |   | .17   |
| 2  | 2   |                                    | 336.00                                | 168.  | .0   | 01  | 168.00   |   | .17   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 1  | 1   |                                    | 75.96                                 | 75.   | 96 .0  | 01  | 75.96  |   | .04   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 1  | 13  |                                    | 1,422.85                              | 109.  | 45 .0  | 07  | 1422.85  |   | .72   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 29 | 189   |                                    | 2,688.61                              | 14.   | 23 .0  | 96  | 92.71  |   | 1.37  |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 0  | 0   |                                    | .00                                   |   | .0   | 00  | .00  |   | .00   |
| 40 | 465   | \$                                 | 172,575.22                            | \$ 371.   | 13 .2  | 36  | \$ 4314.38   | \$  | 87.74   |
| 8  | 24  | \$                                 | 2,706.09                              | \$ 112.   | 75 .0  | 12  | \$ 338.26  | \$  | 1.38  |
|    | 0<br>4<br>0<br>0<br>16<br>0<br>2<br>2<br>2<br>0<br>1<br>0<br>1<br>0<br>2<br>9<br>0<br>0<br>0<br>0<br>4<br>0 | 0 0<br>0 0<br>0 0<br>0 0<br>40 465 | 0 0<br>0 0<br>0 0<br>0 0<br>40 465 \$ | 4       4       420.00         0       0       .00         0       0       .00         16       34       324.58         0       0       .00         0       0       .00         2       2       336.00         0       0       .00         1       1       75.96         0       0       .00         1       13       1,422.85         0       0       .00         29       189       2,688.61         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00 <td>4       4       420.00       105.         0       0       .00       .00         0       0       .00       .00         16       34       324.58       9.         0       0       .00       .00         0       0       .00       .00         2       2       336.00       168.         2       2       336.00       168.         0       0       .00       .00         1       1       75.96       75.         0       0       .00       .00         1       13       1,422.85       109.         0       0       .00       .00         29       189       2,688.61       14.         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00</td> <td>4       4       420.00       105.00       .0         0       0       .00       .00       .0         0       0       .00       .00       .0         16       34       324.58       9.55       .0         0       0       .00       .00       .0         0       0       .00       .00       .0         0       0       .00       .0       .0         2       2       336.00       168.00       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         1       13       1,422.85       109.45       .0         0       0       .00       .0       .0         29       189       2,688.61       14.23       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0</td> <td>4       4       420.00       105.00       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         16       34       324.58       9.55       .017         0       0       .00       .00       .000         0       0       .00       .00       .000         2       2       336.00       168.00       .001         2       2       336.00       168.00       .001         0       0       .00       .00       .000         1       1       75.96       75.96       .001         0       0       .00       .00       .000         1       13       1,422.85       109.45       .007         0       0       .00       .00       .000         29       189       2,688.61       14.23       .096         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000</td> <td>4       4       420.00       105.00       .002       105.00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         16       34       324.58       9.55       .017       20.29         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         2       2       336.00       168.00       .001       168.00         0       0       .00       .00       .001       168.00         0       0       .00       .00       .00       .00         1       1       75.96       75.96       .001       .75.96         0       0       .00       .00       .00       .00       .00         1       13       1,422.85       109.45       .007       1422.85         0       0       .00       .00       .00       .00       .00         29       189       2,688.61       14.23       .096       92.71         0       0       .00       .00       .00       .00</td> <td>4       4       420.00       105.00       .002       105.00         0       0       .00       .00       .000       .000         16       34       324.58       9.55       .017       20.29         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         2       2       336.00       168.00       .001       168.00         2       2       336.00       168.00       .001       168.00         0       0       .00       .00       .00       .00         1       1       75.96       75.96       .001       .75.96         0       0       .00       .00       .00       .00         1       13       1,422.85       109.45       .007       1422.85         0       0       .00       .00       .00       .00         29       189       2,688.61       14.23       .096       92.71         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0<!--</td--></td> | 4       4       420.00       105.         0       0       .00       .00         0       0       .00       .00         16       34       324.58       9.         0       0       .00       .00         0       0       .00       .00         2       2       336.00       168.         2       2       336.00       168.         0       0       .00       .00         1       1       75.96       75.         0       0       .00       .00         1       13       1,422.85       109.         0       0       .00       .00         29       189       2,688.61       14.         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00 | 4       4       420.00       105.00       .0         0       0       .00       .00       .0         0       0       .00       .00       .0         16       34       324.58       9.55       .0         0       0       .00       .00       .0         0       0       .00       .00       .0         0       0       .00       .0       .0         2       2       336.00       168.00       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         1       13       1,422.85       109.45       .0         0       0       .00       .0       .0         29       189       2,688.61       14.23       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0       .00       .0       .0         0       0 | 4       4       420.00       105.00       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         16       34       324.58       9.55       .017         0       0       .00       .00       .000         0       0       .00       .00       .000         2       2       336.00       168.00       .001         2       2       336.00       168.00       .001         0       0       .00       .00       .000         1       1       75.96       75.96       .001         0       0       .00       .00       .000         1       13       1,422.85       109.45       .007         0       0       .00       .00       .000         29       189       2,688.61       14.23       .096         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000 | 4       4       420.00       105.00       .002       105.00         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         16       34       324.58       9.55       .017       20.29         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         2       2       336.00       168.00       .001       168.00         0       0       .00       .00       .001       168.00         0       0       .00       .00       .00       .00         1       1       75.96       75.96       .001       .75.96         0       0       .00       .00       .00       .00       .00         1       13       1,422.85       109.45       .007       1422.85         0       0       .00       .00       .00       .00       .00         29       189       2,688.61       14.23       .096       92.71         0       0       .00       .00       .00       .00 | 4       4       420.00       105.00       .002       105.00         0       0       .00       .00       .000       .000         16       34       324.58       9.55       .017       20.29         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         2       2       336.00       168.00       .001       168.00         2       2       336.00       168.00       .001       168.00         0       0       .00       .00       .00       .00         1       1       75.96       75.96       .001       .75.96         0       0       .00       .00       .00       .00         1       13       1,422.85       109.45       .007       1422.85         0       0       .00       .00       .00       .00         29       189       2,688.61       14.23       .096       92.71         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0 </td |

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,689 MOP024 FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

|                            |       |                  |    |                    |              | MO         | NTHLY AVERA | GE         |
|----------------------------|-------|------------------|----|--------------------|--------------|------------|-------------|------------|
| 4,941 ELIGIBLES            | USERS | UNITS OF SERVICE | E  | EXPENDITURES       | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER   |
|                            |       | OR DAYS OF CARE  | E  |                    | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE   |
| @TOTAL, ALL PROVIDERS      | 6,665 | 144,046          | \$ | 7,851,252.68       | \$ 54.51     | 29.153     | \$ 1177.98  | \$ 1589.00 |
| @PHYSICIANS SERVICES       | 2,430 | 12,823           | \$ | 527,247.95         | \$ 41.12     | 2.595      | \$ 216.97   | \$ 106.71  |
| OUTPATIENT VISITS          | 1,050 | 1,378            |    | 64,030.75          | 46.47        | .279       | 60.98       | 12.96      |
| OFFICE VISITS              | 405   | 541              |    | 16,196.56          | 29.94        | .109       | 39.99       | 3.28       |
| HOME VISITS                | 0     | 0                |    | .00                | .00          | .000       | .00         | .00        |
| EMERGENCY ROOM             | 564   | 650              |    | 41,722.86          | 64.19        | .132       | 73.98       | 8.44       |
| PREVENTIVE CARE            | 3     | 3                |    | 123.87             | 41.29        | .001       | 41.29       | .03        |
| OB VISITS/COMPRE PERI      | 16    | 33               |    | 2,291.73           | 69.45        | .007       | 143.23      | .46        |
| OTHER OUTPATIENT           | 113   | 151              |    | 3,695.73           | 24.48        | .031       | 32.71       | .75        |
| INPATIENT VISITS           | 305   | 2,130            |    | 89,420.60          | 41.98        | .431       | 293.18      | 18.10      |
| HOSPITAL VISITS            | 297   | 2,028            |    | 78 <b>,</b> 372.91 | 38.65        | .410       | 263.88      | 15.86      |
| CRITICAL CARE              | 19    | 90               |    | 10,671.16          | 118.57       | .018       | 561.64      | 2.16       |
| SNF/ICF/TRANS IP CARE      | 8     | 12               |    | 376.53             | 31.38        | .002       | 47.07       | .08        |
| OPHTHALMOLOGICAL SERVICES  | 15    | 22               |    | 738.25             | 33.56        | .004       | 49.22       | .15        |
| EXAMINATIONS               | 15    | 18               |    | 625.33             | 34.74        | .004       | 41.69       | .13        |
| SERVICES AND MATERIALS     | 1     | 4                |    | 112.92             | 28.23        | .001       | 112.92      | .02        |
| INPATIENT HOSPITAL SURGERY | 220   | 1,338            |    | 111,074.45         | 83.02        | .271       | 504.88      | 22.48      |
| PRINCIPAL SURGEON          | 160   | 273              |    | 83,819.18          | 307.03       | .055       | 523.87      | 16.96      |
| ASSISTANT SURGEON          | 12    | 12               |    | 3,430.72           | 285.89       | .002       | 285.89      | .69        |
| ANESTHESIOLOGIST           | 89    | 1,053            |    | 23,824.55          | 22.63        | .213       | 267.69      | 4.82       |
| OUTPATIENT SURGERY         | 201   | 452              |    | 40,937.08          | 90.57        | .091       | 203.67      | 8.29       |
| PRINCIPAL SURGEON          | 171   | 208              |    | 34,649.33          | 166.58       | .042       | 202.63      | 7.01       |
| ASSISTANT SURGEON          | 2     | 2                |    | 325.40             | 162.70       | .000       | 162.70      | .07        |
| ANESTHESIOLOGIST           | 44    | 242              |    | 5 <b>,</b> 962.35  | 24.64        | .049       | 135.51      | 1.21       |
| DIALYSIS                   | 24    | 131              |    | 6 <b>,</b> 596.78  | 50.36        | .027       | 274.87      | 1.34       |
| PATHOLOGY                  | 188   | 533              |    | 13,345.52          | 25.04        | .108       | 70.99       | 2.70       |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| RADIOLOGY                  | 737              | 2,116                 | 101,170.13         | 47.81         | .428         | 137.27     | 20.48       |
|----------------------------|------------------|-----------------------|--------------------|---------------|--------------|------------|-------------|
| PSYCHIATRY                 | 0                | 0                     | .00                | .00           | .000         | .00        | .00         |
| IMMUNIZATION AND INJECTION | 37               | 2,086                 | 36,043.29          | 17.28         | .422         | 974.14     | 7.29        |
| OTHER SERVICES/ALL X-OVERS | 954              | 2,637                 | 63,891.10          | 24.23         | .534         | 66.97      | 12.93       |
| @PHARMACY                  | 3 <b>,</b> 190   | 56 <b>,</b> 653 \$    | 2,500,626.95       | \$ 44.14      | 11.466 \$    |            | \$ 506.10   |
| PRESCRIPTION DRUGS         | 3,123            | 19 <b>,</b> 097       | 2,437,061.35       | 127.61        | 3.865        | 780.36     | 493.23      |
| SNF/ICF                    | 511              | 4,472                 | 235,696.03         | 52.70         | .905         | 461.24     | 47.70       |
| OUTPATIENTS                | 2 <b>,</b> 645   | 14,625                | 2,201,365.32       | 150.52        | 2.960        | 832.27     | 445.53      |
| MEDICAL SUPPLIES           | 243              | 37 <b>,</b> 556       | 63,565.60          | 1.69          | 7.601        | 261.59     | 12.86       |
| @DENTIST                   | 504              | 2 <b>,</b> 446 \$     | 71,249.23          | \$ 29.13      | .495 \$      | 141.37     | \$ 14.42    |
| VISITS - DIAGNOSTIC        | 353              | 1,372                 | 11,388.00          | 8.30          | .278         | 32.26      | 2.30        |
| ORAL SURGERY               | 107              | 376                   | 15,630.50          | 41.57         | .076         | 146.08     | 3.16        |
| DRUGS                      | 2                | 3                     | 50.00              | 16.67         | .001         | 25.00      | .01         |
| ANESTHESIA                 | 3                | 4                     | 100.00             | 25.00         | .001         | 33.33      | .02         |
| PERIODONTICS               | 21               | 23                    | 1,959.00           | 85.17         | .005         | 93.29      | .40         |
| ENDODONTICS                | 33               | 43                    | 7,607.00           | 176.91        | .009         | 230.52     | 1.54        |
| RESTORATIVE DENTISTRY      | 116              | 372                   | 16,478.48          | 44.30         | .075         | 142.06     | 3.34        |
| PROSTHETICS                | 5                | 5                     | 140.00             | 28.00         | .001         | 28.00      | .03         |
| DENTURES, STAYPLATES       | 58               | 203                   | 17,200.25          | 84.73         | .041         | 296.56     | 3.48        |
| SPACE MAINTAINERS          | 3                | 3                     | 156.00             | 52.00         | .001         | 52.00      | .03         |
| MAXILLOFACIAL SERVICES     | 0                | 0                     | .00                | .00           | .000         | .00        | .00         |
| FRACTURES, DISLOCATIONS    | 0                | 0                     | .00                | .00           | .000         | .00        | .00         |
| ORTHODONTIC SERVICES       | 7                | 13                    | 540.00             | 41.54         | .003         | 77.14      | .11         |
| ALL OTHER SERVICES         | 17               | 29                    | .00                | .00           | .006         | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITURES M | ONTH-OF-PAYMENT RE | EPORT FOR JAN | 2004 THRU DE | C 2004     | PAGE 10,690 |
| MOP024                     | FEE-FOR-SERVICE, | /DENTAL               |                    |               |              |            | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERV  | ICES FOR MN - SOC -   | TOTAL              |               |              |            |             |
|                            |                  |                       |                    |               | MON          | THLY AVERA | GE          |
| 4,941 ELIGIBLES            | USERS            | UNITS OF SERVICE      | EXPENDITURES       | AVERAGE COST  | UNITS/DAYS   | COST PER   | COST PER    |
|                            |                  | OR DAYS OF CARE       |                    | PER UNIT/DAY  | PER ELIG     | USER       | ELIGIBLE    |
| @OPTOMETRIST               | 54               | 163 \$                | 3,172.04           | \$ 19.46      | .033 \$      | 58.74      | \$ .64      |
| DIAGNOSTIC AND ANC. PROCED | 33               | 38                    | 1,285.37           | 33.83         | .008         | 38.95      | .26         |
|                            |                  |                       | •                  |               |              |            |             |

| EYE APPLIANCES               | 43                     | 125    |       |          | 1,886.67     |         | 15.09     | .02      | 5    | 43.88      |      | .38        |
|------------------------------|------------------------|--------|-------|----------|--------------|---------|-----------|----------|------|------------|------|------------|
| OTHER OPTOMETRIC SERVICES    | 0                      | 0      |       |          | .00          |         | .00       | .00      | 0    | .00        |      | .00        |
| @CHIROPRACTOR                | 0                      | 0      | \$    |          | .00          | \$      | .00       | .00      | 0 \$ | .00        | \$   | .00        |
| VISITS                       | 0                      | 0      |       |          | .00          | •       | .00       | .00      | 0    | .00        | •    | .00        |
| OTHER SERVICES               | 0                      | 0      |       |          | .00          |         | .00       | .00      |      | .00        |      | .00        |
| @PODIATRIST                  | 54                     | 77     |       |          | 995.66       |         | 12.93     |          | 6 \$ |            | Ċ    | .20        |
|                              |                        |        |       |          |              | ۲       |           |          |      |            | ې    |            |
| MEDICINE/INJECTIONS          | 4                      | 5      |       |          | 184.40       |         | 36.88     | .00      |      | 46.10      |      | .04        |
| SURGERY/ANES.                | 1                      | 1      |       |          | 183.92       |         | 183.92    | .00      |      | 183.92     |      | .04        |
| RADIO./PATHOLOGY             | 0                      | 0      |       |          | .00          |         | .00       | .00      | 0    | .00        |      | .00        |
| OTHER                        | 49                     | 71     |       |          | 627.34       |         | 8.84      | .01      | 4    | 12.80      |      | .13        |
| @HOME HEALTH AGENCY          | 28                     | 374    | \$    |          | 15,894.80    | \$      | 42.50     | .07      | 6 \$ | 567.67     | \$   | 3.22       |
| NURSE ANESTHESIST            | 4                      | 43     | \$    |          | 172.25       |         | 4.01      | .00      | 9 \$ | 43.06      | \$   | .03        |
| NURSE MIDWIFE                | 0                      | 0      |       |          | .00          |         | .00       | .00      |      |            |      | .00        |
| PEDIATRIC NURSE PRACTITIONER | 0                      | 0      |       |          | .00          | Ċ       | .00       | .00      |      |            |      | .00        |
|                              | 1                      | 1      |       |          |              | ٠<br>۲  |           |          |      |            |      |            |
| FAMILY NURSE PRACTITIONER    |                        |        |       | 0        | 18.10        |         | 18.10     | .00      |      |            |      | .00        |
| @TOTAL HOSPITAL              | 1,463                  | 14,884 |       |          | ,598,567.54  |         | 174.59    | 3.01     |      | 1776.19    | Ş    | 525.92     |
| HOSP INPATIENT TOTAL         | 317                    | 1,856  |       |          | ,254,949.84  |         | 1214.95   | .37      |      | 7113.41    |      | 456.38     |
| HSC HOSPITALS                | 264                    | 1,787  |       | 2,       | ,112,882.34  |         | 1182.36   | .36      | 2    | 8003.34    |      | 427.62     |
| NON-HSC HOSPITAL TOTAL       | 17                     | 69     |       |          | 106,425.43   |         | 1542.40   | .01      | 4    | 6260.32    |      | 21.54      |
| ACCOMMODATIONS               | 17                     | 69     |       |          | 33,918.20    |         | 491.57    | .01      | 4    | 1995.19    |      | 6.86       |
| ADMINISTRATIVE DAYS          | 0                      | 0      |       |          | .00          |         | .00       | .00      |      | .00        |      | .00        |
| TRANSITIONAL IP CARE         | 0                      | 0      |       |          | .00          |         | .00       | .00      |      | .00        |      | .00        |
| ALL OTHER ACCOM              | 17                     | 69     |       |          | 33,918.20    |         | 491.57    | .01      |      | 1995.19    |      | 6.86       |
|                              |                        |        |       |          |              |         |           |          |      |            |      |            |
| ANCILLARIES                  | 17                     | 0      |       |          | 72,507.23    |         | .00       | .00      |      | 4265.13    |      | 14.67      |
| INPATIENT CROSSOVERS         | 38                     | 0      |       |          | 35,642.07    |         | .00       | .00      |      | 937.95     |      | 7.21       |
| ALL OTHER INPATIENT          | 0                      | 0      |       |          | .00          |         | .00       | .00      | 0    | .00        |      | .00        |
| HOSP OUTPATIENT TOTAL        | 1,225                  | 13,028 |       |          | 343,617.70   |         | 26.38     | 2.63     | 7    | 280.50     |      | 69.54      |
| MEDICAL                      | 355                    | 567    |       |          | 23,858.22    |         | 42.08     | .11      | 5    | 67.21      |      | 4.83       |
| SURGERY                      | 113                    | 119    |       |          | 3,871.69     |         | 32.54     | .02      | 4    | 34.26      |      | .78        |
| PATHOLOGY                    | 525                    | 4,305  |       |          | 29,474.90    |         | 6.85      | .87      |      | 56.14      |      | 5.97       |
| RADIOLOGY                    | 437                    | 720    |       |          | 54,997.45    |         | 76.39     | .14      |      | 125.85     |      | 11.13      |
|                              | 764                    |        |       |          |              |         | 31.73     |          |      |            |      | 7.15       |
| ROOM USE                     |                        | 1,113  |       |          | 35,312.66    |         |           | .22      |      | 46.22      |      |            |
| CROSSOVERS/ALL OTH OUTPTNT   | 711                    | 6,204  |       |          | 196,102.78   | _       | 31.61     | 1.25     |      | 275.81     | _    | 39.69      |
| @COUNTY HOSPITAL TOTAL       | 9                      | 51     |       |          | 2,834.24     |         |           |          | 0 \$ |            | Ş    | .57        |
| CO HOSPITAL INPATIENT TOTAL  | 1                      | 1      |       |          | 1,718.22     |         | 1718.22   | .00      | 0    | 1718.22    |      | .35        |
| HSC HOSPITALS                | 0                      | 0      |       |          | .00          |         | .00       | .00      | 0    | .00        |      | .00        |
| NON-HSC HOSPITALS TOTAL      | 1                      | 1      |       |          | 1,718.22     |         | 1718.22   | .00      | 0    | 1718.22    |      | .35        |
| ACCOMMODATIONS               | 1                      | 1      |       |          | 534.60       |         | 534.60    | .00      | 0    | 534.60     |      | .11        |
| ADMINISTRATIVE DAYS          | 0                      | 0      |       |          | .00          |         | .00       | .00      | 0    | .00        |      | .00        |
| TRANSITIONAL IP CARE         | 0                      | 0      |       |          | .00          |         | .00       | .00      |      | .00        |      | .00        |
| ALL OTHER ACCOM              | 1                      | 1      |       |          | 534.60       |         | 534.60    | .00      |      | 534.60     |      | .11        |
|                              | 1                      | 0      |       |          | 1,183.62     |         | .00       | .00      |      | 1183.62    |      | .24        |
| ANCILLARIES                  | 0                      | 0      |       |          |              |         |           |          |      |            |      |            |
| INPATIENT CROSSOVERS         | <u> </u>               | -      |       |          | .00          |         | .00       | .00      |      | .00        |      | .00        |
| ALL OTHER INPATIENT          | 0                      | 0      |       |          | .00          |         | .00       | .00      |      | .00        |      | .00        |
| CO HOSP OUTPATIENT TOTAL     | 8                      | 50     |       |          | 1,116.02     |         | 22.32     | .01      | 0    | 139.50     |      | .23        |
| MEDICAL                      | 3                      | 5      |       |          | 182.40       |         | 36.48     | .00      | 1    | 60.80      |      | .04        |
| SURGERY                      | 1                      | 2      |       |          | 75.94        |         | 37.97     | .00      | 0    | 75.94      |      | .02        |
| PATHOLOGY                    | 5                      | 29     |       |          | 438.29       |         | 15.11     | .00      |      | 87.66      |      | .09        |
| RADIOLOGY                    | 3                      | 3      |       |          | 140.96       |         | 46.99     |          |      | 46.99      |      | .03        |
| ROOM USE                     | 6                      | 6      |       |          | 197.37       |         | 32.90     |          |      | 32.90      |      | .04        |
|                              | 3                      | 5      |       |          | 81.06        |         | 16.21     | .00      |      | 27.02      |      | .02        |
| CROSSOVERS/ALL OTH OUTPTNT   |                        | -      |       | MONTETT  |              |         |           |          |      |            | D. * |            |
|                              | MEDI-CAL SERVICES AND  |        | TURES | MONJ.H-( | OF-PAYMEN'I' | KEPOR'. | I FOR JAN | ∠UU4 THR | U DE | ∟ ∠∪∪4     | P.F  | AGE 10,691 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL |        |       |          |              |         |           |          |      |            |      | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FO | r mn - | SOC - | - TOTAL  |              |         |           |          |      |            |      |            |
|                              |                        |        |       |          |              |         |           |          | MON  | TUTV AMEDA | CF - |            |

|   |                                       | OR DAYS OF CARE            |      |                    | PE:    | R UNIT/DAY        | PER ELIC  | <u>.</u> | USER                      | 1  | ELIGIBLE   |
|---|---------------------------------------|----------------------------|------|--------------------|--------|-------------------|-----------|----------|---------------------------|----|------------|
| @COMMUNITY HOSPITAL TOTAL   | 1,457                                 | 14,833                     | \$   | 2,595,733.30       |        | 175.00            |           |          | 1781.56                   |    | 525.35     |
| COMM HOSP INPATIENT TOTAL   | 316                                   | 1,855                      |      | 2,253,231.62       | '      | 1214.68           | .375      |          | 7130.48                   |    | 456.03     |
| HSC HOSPITALS   | 316<br>264                            | 1,787                      |      | 2,112,882.34       |        | 1182.36           | .362      |          | 8003.34                   |    | 427.62     |
| NON-HSC HOSPITALS TOTAL   | 16                                    | 68                         |      | 104,707.21         |        | 1539 81           | .014      |          | 6544.20                   |    | 21.19      |
| ACCOMMODATIONS  | 16                                    | 68                         |      | 33,383.60          |        | 1539.81<br>490.94 | .014      |          | 2086.48                   |    | 6.76       |
| ADMINISTRATIVE DAYS   | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| TRANSITIONAL IP CARE  | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| ALL OTHER ACCOM   | 16                                    | 68                         |      | 33,383.60          |        | 490.94            | .014      |          | 2086.48                   |    | 6.76       |
| ANCILLARIES   | 16                                    | 0                          |      | 71,323.61          |        | .00               | .000      |          | 4457.73                   |    | 14.44      |
| INPATIENT CROSSOVERS  | 38                                    | 0                          |      | 35,642.07          |        | .00               | .000      |          | 937.95                    |    | 7.21       |
|   | 0                                     | 0<br>0<br>0<br>0<br>12,978 |      | •                  |        | .00               | .000      |          | .00                       |    | .00        |
| ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | 1 219                                 | 12 978                     |      | .00<br>342,501.68  |        | 26.39             | 2.627     |          | 280.97                    |    | 69.32      |
|   |                                       | 562                        |      | 23,675.82          |        | 42.13             | .114      |          | 67.26                     |    | 4.79       |
| SURGERY   | 112                                   | 117                        |      | 3,795.75           |        | 32.44             | .024      |          | 33.89                     |    | .77        |
| MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE  | 520                                   | 4,276                      |      | 29,036.61          |        | 32.44<br>6.79     | .865      |          | 55.84                     |    | 5.88       |
| RADIOLOGY   | 135                                   | 717                        |      | 54,856.49          |        | 76.51             | .145      |          | 126 11                    |    | 11.10      |
| ROOM USE  | 750                                   | 1,107                      |      | 35,115.29          |        | 31.72             | .224      |          | 16 27                     |    | 7.11       |
| CROSSOVERS/ALL OTH OUTPINT  | 709                                   | 6 <b>,</b> 199             |      | 196,021.72         |        | 31.62             | 1.255     |          | 126.11<br>46.27<br>276.48 |    | 39.67      |
| @STATE HOSPITAL   | 0                                     | 0,199                      | \$   | .00                | \$     | .00               | .000      |          | .00                       | Ċ  | .00        |
| MENUALIV III  | 0                                     | 0                          | Y    | .00                | Ÿ      | .00               | .000      | Y        | .00                       | Y  | .00        |
| DEVELOD DIGVBLED  | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD   | 506                                   | 14,874                     | \$   | 1,739,055.45       | Ċ      |                   |           | Ċ        | 3436.87                   | Ċ  | 351.96     |
| TEN A_THUEDMEDIATE  | 300                                   | 427                        | Y    | 22,134.38          | Ÿ      | 51.84             | .086      | Y        | 2459.38                   | Y  | 4.48       |
| LEV B-REHAB MD  | 2                                     | 69                         |      | 6,875.08           |        | 99.64             | .014      |          | 3437.54                   |    | 1.39       |
| LEV B-SUBACUTE FREESTANDING   |                                       | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| LEV B-SUBACUTE FREESTANDING   | 9                                     | 345                        |      | 187,224.53         |        | 542.68            | .070      |          | 20802.73                  |    | 37.89      |
| LEV B-TRANSITIONAL IP CARE  | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| TEV D DECILAD   | 9<br>0<br>490                         | 14,033                     |      | 1,522,821.46       |        | 108.52            | 2.840     |          | 3107.80                   |    | 308.20     |
| @INTERMEDIATE CARE FACILDD  | 130<br>0<br>0<br>0<br>134<br>1<br>133 | 0                          | \$   | .00                | \$     | .00               | .000      |          |                           | Ś  | .00        |
| ICF DDH   | 0                                     | 0                          | 7    | .00                | ,      | .00               | .000      | 7        | .00                       | ,  | .00        |
| ICF DD  | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| ICF DDN/DDCN  | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| @HEMODIALYSIS TOTAL   | 134                                   | 1,721                      | \$   | 104,049.04         | \$     |                   |           | \$       | 776.49                    | \$ | 21.06      |
| HOSPITAL BASED  | 1                                     | , 3                        |      | 5,919.16           |        | 1973.05           | .001      | ·        | 5919.16                   |    | 1.20       |
| HEMODIALYSIS CENTER   | 133                                   | 1,718                      |      | 98,129.88          |        | 57.12             | .348      |          | 737.82                    |    | 19.86      |
| @REHABILITATION FACILITY  | 12                                    | . 29                       | \$   | 743.28             | \$     | 25.63             | .006      | \$       | 61.94                     | \$ | .15        |
| HOSPITAL BASED  | 12                                    | 29                         |      | 743.28             |        | 25.63             | .006      |          | 61.94                     |    | .15        |
| INDEPENDENT FACILITY  | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| @LABORATORY FACILITY  | 231                                   | 1,200                      | \$   | 13,472.12          | \$     | 11.23             | .243      | \$       | 58.32                     | \$ | 2.73       |
| @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY YO AND OTHERS | 223                                   | 1,160                      |      | 13,332.55          |        | 11.49             | .235      |          | 59.79                     |    | 2.70       |
| NO AND OTHERS   |                                       | 40                         |      | 139.57             |        | 3.49              | .008      |          | 17.45                     |    | .03        |
| @ORGANIZED OUTPATIENT CLINIC  | 159                                   | 532                        | \$   | 10,755.68          | \$     | 20.22             | .108      | \$       | 67.65                     | \$ | 2.18       |
| CLINIC  | 119                                   | 373                        |      | 4,639.63           |        | 12.44             | .075      |          | 38.99                     |    | .94        |
| SURGICENTER   | 20                                    | 134                        |      | 3,923.82           |        | 29.28             | .027      |          | 196.19                    |    | .79        |
| HEROIN DETOX CLINIC   | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |
| RURAL HEALTH CLINIC   | 20                                    | 25                         |      | 2,192.23           |        | 87.69             | .005      |          | 109.61                    |    | . 44       |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC                       | ES AND EXPENDITUR          | ES N | MONTH-OF-PAYMENT R | REPOR' | r for jan 2       | 2004 THRU | DEC      | 2004                      | P  | AGE 10,692 |
|   | FEE-FOR-SERVICE                       |                            |      |                    |        |                   |           |          |                           |    | 03/14/05   |
| SACRAMENTO COUNTY   | SUMMARY OF SERV                       | ICES FOR MN - SO           | C -  | TOTAL              |        |                   |           |          |                           |    |            |
| 4 044 ========  |                                       |                            |      |                    |        |                   |           |          | HLY AVERA                 |    |            |
| 4,941 ELIGIBLES   | USERS                                 |                            |      | EXPENDITURES       |        |                   |           |          |                           |    | COST PER   |
| GALL OHILED DROVIDEDS   | C7.F                                  | OR DAYS OF CARE            |      | 265 222 52         |        | R UNIT/DAY        |           |          | USER                      |    | ELIGIBLE   |
| @ALL OTHER PROVIDERS  | 675                                   | 38,226                     | Þ    | 265,232.59         | Ş      | 0.94              |           |          | 392.94                    | Þ  |            |
| DURABLE MED. EQUIP.   | 38                                    | 283                        |      | 29,668.57          |        |                   |           |          | 780.75                    |    | 6.00       |
| BLOOD BANK  | 0                                     | 0                          |      | .00                |        | .00               | .000      |          | .00                       |    | .00        |

| HEARING AID DISPENSERS           | 4                  | 1             |        | 624.84             | 624.84       | .000  | 156.21     | .13         |
|----------------------------------|--------------------|---------------|--------|--------------------|--------------|-------|------------|-------------|
| MEDICAL TRANSPORTATION           | 313                | 14,905        |        | 67 <b>,</b> 621.07 | 4.54         | 3.017 | 216.04     | 13.69       |
| AMBULANCES/AIR TRANS             | 171                | 1,137         |        | 20,610.12          | 18.13        | .230  | 120.53     | 4.17        |
| OTHER TRANS                      | 137                | 13,720        |        | 43,198.11          | 3.15         | 2.777 | 315.31     | 8.74        |
| OTHER SERVICES                   | 11                 | 48            |        | 3,812.84           | 79.43        | .010  | 346.62     | .77         |
| ACUPUNCTURE                      | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| ADULT DAY HEALTH CARE CTR        | 25                 | 418           |        | 19,675.31          | 47.07        | .085  | 787.01     | 3.98        |
| GENETIC DISEASE TESTING          | 4                  | 4             |        | 420.00             | 105.00       | .001  | 105.00     | .09         |
| IHMC, MODEL-NF, NF, AIDS, MSSP   | 82                 | 2,712         |        | 80,486.43          | 29.68        | .549  | 981.54     | 16.29       |
| OCCUPATIONAL THERAPIST           | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| OPTICIAN                         | 47                 | 100           |        | 1,084.71           | 10.85        | .020  | 23.08      | .22         |
| PHYSICAL THERAPIST               | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| PORTABLE X-RAY                   | 10                 | 25            |        | 15.45              | .62          | .005  | 1.55       | .00         |
| PROSTHETIST/ORTHOTISTS           | 13                 | 77            |        | 9,169.60           | 119.09       | .016  | 705.35     | 1.86        |
| PROSTHETICS                      | 13                 | 77            |        | 9,169.60           | 119.09       | .016  | 705.35     | 1.86        |
| ORTHOTICS                        | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| PSYCHOLOGIST                     | 2                  | 2             |        | 76.29              | 38.15        | .000  | 38.15      | .02         |
| SPEECH AND AUDIOLOGY             | 6                  | 8             |        | 2,823.78           | 352.97       | .002  | 470.63     | .57         |
| HOSPICE SERVICES                 | 21                 | 394           |        | 40,659.01          | 103.20       | .080  | 1936.14    | 8.23        |
| NONINST BIRTHING CENTERS         | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| LOCAL EDUCATION AGENCIES         | 29                 | 189           |        | 2,688.61           | 14.23        | .038  | 92.71      | .54         |
| EPSDT SUPPLEMENTAL SERVICE       | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| RESPIRATORY CARE PRACT.          | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| PED SUBACUTE REHAB/WEANING       | 0                  | 0             |        | .00                | .00          | .000  | .00        | .00         |
| ALL OTHER PROVIDERS              | 124                | 19,108        |        | 10,218.92          | .53          | 3.867 | 82.41      | 2.07        |
| @CALIF. CHILDREN SERVICES*       | 50                 | 588           | \$     | 183,277.15         | \$<br>311.70 | .119  | \$ 3665.54 | \$<br>37.09 |
| @XOVER EXCLUDING STATE HOSP**    | 945                | 14,104        | \$     | 324,615.46         | \$<br>23.02  | 2.854 | \$ 343.51  | \$<br>65.70 |
| 0+ MOMATO TAL MURCE TIMES ARE ST | TENT AC A CEDADAME | TATEODATABLOM | THEM C | NATE SZ -          |              |       |            |             |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INDOE BININ INCE INCEORED : |   |             |
|-----------------------------|---|-------------|
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 10,693 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL  | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13                        |             |

| SACKAPENIO COUNTI          | DOMMANT OF DERV | ATCHO LOW MIN HOW | 0 11. | INI CAND AGED | AID CODE        | 10         |            |            |          |  |  |
|----------------------------|-----------------|-------------------|-------|---------------|-----------------|------------|------------|------------|----------|--|--|
|                            |                 |                   |       |               | MONTHLY AVERAGE |            |            |            |          |  |  |
| 22,006 ELIGIBLES           | USERS           | UNITS OF SERVICE  |       | EXPENDITURES  | AVERAGE COST    | UNITS/DAYS | COST PER   | COST PEF   | ₹.       |  |  |
|                            |                 | OR DAYS OF CARE   |       |               | PER UNIT/DAY    | PER ELIG   | USER       | ELIGIBLE   | <u>-</u> |  |  |
| @TOTAL, ALL PROVIDERS      | 22,921          | 1,044,702         | \$    | 65,610,043.51 | \$ 62.80        | 47.474     | \$ 2862.44 | \$ 2981.46 | 5        |  |  |
| @PHYSICIANS SERVICES       | 2,205           | 4,257             | \$    | 66,067.36     | \$ 15.52        | .193       | \$ 29.96   | \$ 3.00    | )        |  |  |
| OUTPATIENT VISITS          | 30              | 37                |       | 2,707.50      | 73.18           | .002       | 90.25      | .12        | 2        |  |  |
| OFFICE VISITS              | 7               | 7                 |       | 152.00        | 21.71           | .000       | 21.71      | .01        | Ĺ        |  |  |
| HOME VISITS                | 0               | 0                 |       | .00           | .00             | .000       | .00        | .00        | )        |  |  |
| EMERGENCY ROOM             | 23              | 30                |       | 2,555.50      | 85.18           | .001       | 111.11     | .12        | 2        |  |  |
| PREVENTIVE CARE            | 0               | 0                 |       | .00           | .00             | .000       | .00        | .00        | )        |  |  |
| OB VISITS/COMPRE PERI      | 0               | 0                 |       | .00           | .00             | .000       | .00        | .00        | )        |  |  |
| OTHER OUTPATIENT           | 0               | 0                 |       | .00           | .00             | .000       | .00        | .00        | )        |  |  |
| INPATIENT VISITS           | 137             | 394               |       | 13,745.73     | 34.89           | .018       | 100.33     | .62        | 2        |  |  |
| HOSPITAL VISITS            | 34              | 177               |       | 7,231.50      | 40.86           | .008       | 212.69     | .33        | 3        |  |  |
| CRITICAL CARE              | 3               | 5                 |       | 547.20        | 109.44          | .000       | 182.40     | .02        | 2        |  |  |
| SNF/ICF/TRANS IP CARE      | 114             | 212               |       | 5,967.03      | 28.15           | .010       | 52.34      | .27        | 7        |  |  |
| OPHTHALMOLOGICAL SERVICES  | 7               | 7                 |       | 120.33        | 17.19           | .000       | 17.19      | .01        | Ĺ        |  |  |
| EXAMINATIONS               | 7               | 7                 |       | 120.33        | 17.19           | .000       | 17.19      | .01        | Ĺ        |  |  |
| SERVICES AND MATERIALS     | 0               | 0                 |       | .00           | .00             | .000       | .00        | .00        | )        |  |  |
| INPATIENT HOSPITAL SURGERY | 17              | 37                |       | 2,529.59      | 68.37           | .002       | 148.80     | .11        | Ĺ        |  |  |
| PRINCIPAL SURGEON          | 16              | 21                |       | 1,983.62      | 94.46           | .001       | 123.98     | .09        | )        |  |  |
| ASSISTANT SURGEON          | 0               | 0                 |       | .00           | .00             | .000       | .00        | .00        | )        |  |  |
| ANESTHESIOLOGIST           | 3               | 16                |       | 545.97        | 34.12           | .001       | 181.99     | .02        | 2        |  |  |

| OUTPATIENT SURGERY                      | 10              | 19                |        | 601.44                     |         | 31.65         | .001      |     | 60.14      |      | .03         |
|---|-----------------|-------------------|--------|----------------------------|---------|---------------|-----------|-----|------------|------|-------------|
| PRINCIPAL SURGEON                       | 8               | 8                 |        | 320.67                     |         | 40.08         | .000      |     | 40.08      |      | .01         |
| ASSISTANT SURGEON                       | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| ANESTHESIOLOGIST                        | 2               | 11                |        | 280.77                     |         | 25.52         | .000      |     | 140.39     |      | .01         |
| DIALYSIS                                | 1               | 1                 |        | 56.60                      |         | 56.60         | .000      |     | 56.60      |      | .00         |
| PATHOLOGY                               | 1               | 1                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| RADIOLOGY                               | 49              | 134               |        | 2,898.60                   |         | 21.63         | .006      |     | 59.16      |      | .13         |
| PSYCHIATRY                              | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| IMMUNIZATION AND INJECTION              | 1               | 3                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| OTHER SERVICES/ALL X-OVERS              | 2,061           | 3,624             | _      | 43,407.57                  | _       | 11.98         | .165      | _   | 21.06      | _    | 1.97        |
| @PHARMACY                               | 16,626          | 231,558           | \$     |                            | \$      |               |           | Ş   | 358.72     | Ş    | 271.02      |
| PRESCRIPTION DRUGS                      | 16,535          | 119,781           |        | 5,850,165.74               |         | 48.84         | 5.443     |     | 353.81     |      | 265.84      |
| SNF/ICF                                 | 15,691          | 113,844           |        | 5,742,215.18               |         | 50.44         | 5.173     |     | 365.96     |      | 260.94      |
| OUTPATIENTS                             | 1,062           | 5,937             |        | 107,950.56                 |         | 18.18         | .270      |     | 101.65     |      | 4.91        |
| MEDICAL SUPPLIES                        | 777             | 111,777           |        | 113,911.06                 |         | 1.02          | 5.079     |     | 146.60     |      | 5.18        |
| @DENTIST                                | 1,384           | 3,612             | \$     | 181,559.10                 | Ş       | 50.27         | .164      | Ş   | 131.18     | Ş    | 8.25        |
| VISITS - DIAGNOSTIC                     | 1,227           | 2,642             |        | 56,097.75                  |         | 21.23         |           |     | 45.72      |      | 2.55        |
| ORAL SURGERY                            | 99              | 274               |        | 11,977.00                  |         | 43.71         | .012      |     | 120.98     |      | .54         |
| DRUGS                                   | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| ANESTHESIA                              | 77              | •                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| PERIODONTICS                            |                 | 79<br>1           |        | 14,420.00                  |         | 182.53        | .004      |     | 187.27     |      | .66         |
| ENDODONTICS                             | 1               |                   |        | 215.00                     |         | 215.00        | .000      |     | 215.00     |      | .01         |
| RESTORATIVE DENTISTRY                   | 26<br>0         | 71<br>0           |        | 4,326.75                   |         | 60.94         | .003      |     | 166.41     |      | .20         |
| PROSTHETICS                             | 184             | 503               |        | .00<br>94,522.60           |         | .00<br>187.92 | .000      |     | 513.71     |      | .00<br>4.30 |
| DENTURES, STAYPLATES                    | 0               | 0                 |        | •                          |         |               |           |     | .00        |      |             |
| SPACE MAINTAINERS                       | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| MAXILLOFACIAL SERVICES                  | 0               | 0                 |        | .00                        |         |               |           |     | .00        |      |             |
| FRACTURES, DISLOCATIONS                 | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| ORTHODONTIC SERVICES ALL OTHER SERVICES | 13              | 42                |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
|   |                 |                   | DEC M  | .00<br>MONTH-OF-PAYMENT RE | ים רם י |               |           | DEC |            | D    | AGE 10,694  |
| MOP024                                  | FEE-FOR-SERVICE |                   | CES I. | IONIH-OF-FAIMENI KE        | SFOR.   | I FUR JAN 2   | 2004 INKO | DEC | 2004       | F.   | 03/14/05    |
| SACRAMENTO COUNTY                       |                 | JICES FOR MN - LO | NC T   | FRM CARE - AGED            |         | AID CODE      | 13        |     |            |      | 03/14/03    |
| SACIMIENTO COUNTI                       | DOMMANT OF BEIN | VICES FOR PIN EC  | JING I | EIG CARE AGED              |         | AID CODE      | M         | ОИТ | HT.Y AVERA | GE : |             |
| 22,006 ELIGIBLES                        | USERS           | UNITS OF SERVICE  | 7.     | EXPENDITURES               | AVI     | ERAGE COST    |           |     |            |      | COST PER    |
| 22,000 22101222                         | 00210           | OR DAYS OF CARE   |        | 2111 2112 1101120          |         | R UNIT/DAY    |           |     | USER       |      | ELIGIBLE    |
| @OPTOMETRIST                            | 226             | 517               | \$     | 9,064.18                   | \$      | 17.53         | .023      |     |            |      | .41         |
| DIAGNOSTIC AND ANC. PROCED              | 75              | 91                | •      | 1,578.13                   | '       | 17.34         |           |     | 21.04      |      | .07         |
| EYE APPLIANCES                          | 150             | 425               |        | 7,190.68                   |         | 16.92         | .019      |     | 47.94      |      | .33         |
| OTHER OPTOMETRIC SERVICES               | 7               | 1                 |        | 295.37                     |         | 295.37        | .000      |     | 42.20      |      | .01         |
| @CHIROPRACTOR                           | 0               | 0                 | \$     |                            | \$      | .00           | .000      | \$  | .00        | \$   | .00         |
| VISITS                                  | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| OTHER SERVICES                          | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| @PODIATRIST                             | 2,030           | 2,379             | \$     | 17,791.87                  | \$      | 7.48          | .108      | \$  | 8.76       | \$   | .81         |
| MEDICINE/INJECTIONS                     | 1               | 1                 |        | 24.00                      |         | 24.00         | .000      |     | 24.00      |      | .00         |
| SURGERY/ANES.                           | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| RADIO./PATHOLOGY                        | 0               | 0                 |        | .00                        |         | .00           | .000      |     | .00        |      | .00         |
| OTHER                                   | 2,029           | 2,378             |        | 17,767.87                  |         | 7.47          | .108      |     | 8.76       |      | .81         |
| @HOME HEALTH AGENCY                     | 2               | 10                | \$     | 665.56                     | \$      | 66.56         | .000      | \$  | 332.78     | \$   | .03         |
| NURSE ANESTHESIST                       | 3               | 21                | \$     | 77.66                      | \$      | 3.70          | .001      | \$  | 25.89      | \$   | .00         |
| NURSE MIDWIFE                           | 0               | 0                 | \$     | .00                        | \$      | .00           | .000      | \$  | .00        | \$   | .00         |
| PEDIATRIC NURSE PRACTITIONER            |                 | 1                 | \$     | 27.50                      | \$      | 27.50         | .000      | \$  | 27.50      | \$   | .00         |
| FAMILY NURSE PRACTITIONER               | 4               | 4                 | \$     | 126.48                     | \$      | 31.62         | .000      | \$  | 31.62      | \$   | .01         |
| @TOTAL HOSPITAL                         | 526             | 4,341             | \$     | 432,631.22                 | \$      | 99.66         | .197      | \$  | 822.49     | \$   | 19.66       |
| HOSP INPATIENT TOTAL                    | 1 / 2           | 250               |        | 205 (22 72                 |         | 1 [ 1 0       | 011       |     | 2606 72    |      | 17 50       |
|   | 143             |                   |        | 385,632.72                 |         | 1542.53       | .011      |     | 2696.73    |      | 17.52       |
| HSC HOSPITALS                           | 27              | 217               |        | 269,817.67                 |         | 1243.40       | .010      |     | 9993.25    |      | 17.52       |

| NON-HSC HOSPITAL TOTAL      | 5   | 33    | 21,352.36      | 647.04    | .001 | 4270.47   | .97    |
|-----------------------------|-----|-------|----------------|-----------|------|-----------|--------|
| ACCOMMODATIONS              | 5   | 33    | 10,104.03      | 306.18    | .001 | 2020.81   | .46    |
| ADMINISTRATIVE DAYS         | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| TRANSITIONAL IP CARE        | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| ALL OTHER ACCOM             | 5   | 33    | 10,104.03      | 306.18    | .001 | 2020.81   | .46    |
| ANCILLARIES                 | 4   | 0     | 11,248.33      | .00       | .000 | 2812.08   | .51    |
| INPATIENT CROSSOVERS        | 114 | 0     | 94,462.69      | .00       | .000 | 828.62    | 4.29   |
| ALL OTHER INPATIENT         | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| HOSP OUTPATIENT TOTAL       | 402 | 4,091 | 46,998.50      | 11.49     | .186 | 116.91    | 2.14   |
| MEDICAL                     | 3   | 6     | 208.49         | 34.75     | .000 | 69.50     | .01    |
| SURGERY                     | 3   | 3     | 143.96         | 47.99     | .000 | 47.99     | .01    |
| PATHOLOGY                   | 46  | 206   | 2,152.46       | 10.45     | .009 | 46.79     | .10    |
| RADIOLOGY                   | 5   | 8     | 528.18         | 66.02     | .000 | 105.64    | .02    |
| ROOM USE                    | 9   | 12    | 466.03         | 38.84     | .001 | 51.78     | .02    |
| CROSSOVERS/ALL OTH OUTPTNT  | 359 | 3,856 | 43,499.38      | 11.28     | .175 | 121.17    | 1.98   |
| @COUNTY HOSPITAL TOTAL      | 4   | 13    | \$<br>1,800.19 | \$ 138.48 | .001 | \$ 450.05 | \$ .08 |
| CO HOSPITAL INPATIENT TOTAL | 2   | 0     | 1,716.00       | .00       | .000 | 858.00    | .08    |
| HSC HOSPITALS               | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| NON-HSC HOSPITALS TOTAL     | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| ACCOMMODATIONS              | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| ADMINISTRATIVE DAYS         | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| TRANSITIONAL IP CARE        | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| ALL OTHER ACCOM             | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| ANCILLARIES                 | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| INPATIENT CROSSOVERS        | 2   | 0     | 1,716.00       | .00       | .000 | 858.00    | .08    |
| ALL OTHER INPATIENT         | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| CO HOSP OUTPATIENT TOTAL    | 3   | 13    | 84.19          | 6.48      | .001 | 28.06     | .00    |
| MEDICAL                     | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| SURGERY                     | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| PATHOLOGY                   | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| RADIOLOGY                   | 0   | 0     | .00            | .00       | .000 | .00       | .00    |
| ROOM USE                    | 0   | 0     | .00            | .00       | .000 | .00       | .00    |

CROSSOVERS/ALL OTH OUTPTNT 3 13 84.19 6.48 .001 28.06 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,695 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

| SACRAMENTO COUNTY                  | SUMMARY OF SERVIC | ES FOR MN - 1    | LONG ! | TERM CARE - AGED |        | AID CODE  | 13        |      |                |     |            |
|------------------------------------|-------------------|------------------|--------|------------------|--------|-----------|-----------|------|----------------|-----|------------|
|                                    |                   |                  |        |                  |        |           | M         | IONT | HLY AVERA      | GE. |            |
| 22,006 ELIGIBLES                   | USERS U           | NITS OF SERVI    | CE     | EXPENDITURES     | AVE    | RAGE COST | UNITS/DAY | S    | COST PER       |     | COST PER   |
|                                    |                   | OR DAYS OF CAR   | RE     |                  | PER    | UNIT/DAY  | PER ELIC  | j    | USER           |     | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL          | 522               | 4,328            | \$     | 430,831.03       | \$     | 99.55     | .197      | \$   | 825.35         | \$  | 19.58      |
| COMM HOSP INPATIENT TOTAL          | 141               | 250              |        | 383,916.72       |        | 1535.67   | .011      |      | 2722.81        |     | 17.45      |
| HSC HOSPITALS                      | 27                | 217              |        | 269,817.67       |        | 1243.40   | .010      |      | 9993.25        |     | 12.26      |
| NON-HSC HOSPITALS TOTAL            | 5                 | 33               |        | 21,352.36        |        | 647.04    | .001      |      | 4270.47        |     | .97        |
| ACCOMMODATIONS                     | 5                 | 33               |        | 10,104.03        |        | 306.18    | .001      |      | 2020.81        |     | .46        |
| ACCOMMODATIONS ADMINISTRATIVE DAYS | 0                 | 0                |        | .00              |        | .00       | .000      |      | .00            |     | .00        |
|                                    | 0                 | 0                |        |                  |        | .00       |           |      |                |     | .00        |
| TRANSITIONAL IP CARE               | U                 | 33               |        | .00              |        | 306.18    | .000      |      | .00<br>2020.81 |     |            |
| ALL OTHER ACCOM                    | 5<br>4            | 33               |        | 10,104.03        |        |           | .001      |      |                |     | .46        |
| ANCILLARIES                        |                   | -                |        | 11,248.33        |        | .00       | .000      |      | 2812.08        |     | .51        |
| INPATIENT CROSSOVERS               | 112               | 0                |        | 92,746.69        |        | .00       | .000      |      | 828.10         |     | 4.21       |
| ALL OTHER INPATIENT                | 0                 | 0                |        | .00              |        | .00       | .000      |      | .00            |     | .00        |
| COMM HOSP OUTPATIENT TOTAL         | 399               | 4,078            |        | 46,914.31        |        | 11.50     | .185      |      | 117.58         |     | 2.13       |
| MEDICAL                            | 3                 | 6                |        | 208.49           | )      | 34.75     | .000      |      | 69.50          |     | .01        |
| SURGERY                            | 3                 | 3                |        | 143.96           |        | 47.99     | .000      |      | 47.99          |     | .01        |
| PATHOLOGY                          | 46                | 206              |        | 2,152.46         | )      | 10.45     | .009      |      | 46.79          |     | .10        |
| RADIOLOGY                          | 5                 | 8                |        | 528.18           | }      | 66.02     | .000      |      | 105.64         |     | .02        |
| ROOM USE                           | 9                 | 12               |        | 466.03           |        | 38.84     | .001      |      | 51.78          |     | .02        |
| CROSSOVERS/ALL OTH OUTPTNT         | 356               | 3,843            |        | 43,415.19        |        | 11.30     | .175      |      | 121.95         |     | 1.97       |
| @STATE HOSPITAL                    | 6                 | 0                | \$     | 4,679.30         |        | .00       | .000      | \$   | 779.88         | \$  | .21        |
| MENTALLY ILL                       | 6                 | 0                | т      | 4,206.90         |        | .00       | .000      | Τ.   | 701.15         | Τ.  | .19        |
| DEVELOP. DISABLED                  | Û                 | 0                |        | 472.40           |        | .00       | .000      |      | .00            |     | .02        |
| @NURSING FACILITY                  | 18,348            | 588,231          | Ś      | 57,999,951.53    |        | 98.60     | 26.730    | \$   |                | \$  | 2635.64    |
|                                    | 10,340            |                  | ۲      |                  |        |           |           | Ą    |                | ې   |            |
| LEV A-INTERMEDIATE                 | 424<br>81         | 13,962           |        | 849,267.01       |        | 60.83     | .634      |      | 2002.99        |     | 38.59      |
| LEV B-REHAB MD                     | * <del>-</del>    | 2,997            |        | 316,659.23       |        | 105.66    | .136      |      | 3909.37        |     | 14.39      |
| LEV B-SUBACUTE FREESTANDING        |                   | 0                |        | .00              |        | .00       | .000      |      | .00            |     | .00        |
| LEV B-SUBACUTE HSPTL BASED         | 40                | 1,436            |        | 714,941.46       |        | 497.87    | .065      |      | 17873.54       |     | 32.49      |
| LEV B-TRANSITIONAL IP CARE         | 0                 | 0                |        | .00              |        | .00       | .000      |      | .00            |     | .00        |
| LEV B-REGULAR                      | 17,819            | 569 <b>,</b> 836 |        | 56,119,083.83    |        | 98.48     | 25.895    |      | 3149.40        |     | 2550.17    |
| @INTERMEDIATE CARE FACILDD         | 12                | 357              | \$     | 46,280.14        | \$     | 129.64    | .016      | \$   | 3856.68        | \$  | 2.10       |
| ICF DDH                            | 0                 | 0                |        | .00              | 1      | .00       | .000      |      | .00            |     | .00        |
| ICF DD                             | 12                | 357              |        | 46,280.14        |        | 129.64    | .016      |      | 3856.68        |     | 2.10       |
| ICF DDN/DDCN                       | 0                 | 0                |        | .00              | )      | .00       | .000      |      | .00            |     | .00        |
| @HEMODIALYSIS TOTAL                | 33                | 39               | \$     | 15,387.48        | \$     | 394.55    | .002      | \$   | 466.29         | \$  | .70        |
| HOSPITAL BASED                     | 0                 | 0                |        | .00              | 1      | .00       | .000      |      | .00            |     | .00        |
| HEMODIALYSIS CENTER                | 33                | 39               |        | 15,387.48        |        | 394.55    | .002      |      | 466.29         |     | .70        |
| @REHABILITATION FACILITY           | 0                 | 0                | \$     | .00              |        | .00       | .000      | \$   |                | \$  | .00        |
| HOSPITAL BASED                     | 0                 | 0                | т      | .00              |        | .00       | .000      | Τ.   | .00            | Τ.  | .00        |
| INDEPENDENT FACILITY               | 0                 | 0                |        | .00              |        | .00       | .000      |      | .00            |     | .00        |
|                                    | 30                | 149              | \$     | 838.58           |        | 5.63      | .007      | \$   |                | \$  | .04        |
| @LABORATORY FACILITY               | 18                |                  | Ş      |                  |        |           |           | Þ    | 27.95          | Ş   |            |
| PATHOLOGY                          |                   | 105              |        | 762.67           |        | 7.26      | .005      |      | 42.37          |     | .03        |
| XO AND OTHERS                      | 12                | 44               | _      | 75.91            |        | 1.73      | .002      | _    | 6.33           | _   | .00        |
| @ORGANIZED OUTPATIENT CLINIC       | 4                 | 4                | Ş      | 365.88           |        | 91.47     | .000      | \$   |                | \$  | .02        |
| CLINIC                             | 0                 | 0                |        | .00              |        | .00       | .000      |      | .00            |     | .00        |
| SURGICENTER                        | 1                 | 2                |        | 145.17           |        | 72.59     | .000      |      | 145.17         |     | .01        |
| HEROIN DETOX CLINIC                | 0                 | 0                |        | .00              |        | .00       | .000      |      | .00            |     | .00        |
| RURAL HEALTH CLINIC                | 3                 | 2                |        | 220.71           |        | 110.36    | .000      |      | 73.57          |     | .01        |
| #CALIF DEPT OF HEALTH SERV         | MEDI-CAL SERVICES | AND EXPENDIT     | JRES I | MONTH-OF-PAYMENT | REPORT | FOR JAN   | 2004 THRU | DEC  | 2004           | P   | AGE 10,696 |
| MOP024                             | FEE-FOR-SERVICE/D | ENTAL            |        |                  |        |           |           |      |                |     | 03/14/05   |
| SACRAMENTO COUNTY                  | SUMMARY OF SERVIC |                  | LONG ' | TERM CARE - AGED |        | AID CODE  | 13        |      |                |     | , , ,      |
|                                    |                   |                  |        |                  |        | 0000      |           |      |                |     |            |

| 22,006 ELIGIBLES                | USERS           | JNITS OF SERVI  | EXPENDITURES        | AVERAGE COST |       |           | COST PER |
|---------------------------------|-----------------|-----------------|---------------------|--------------|-------|-----------|----------|
|                                 |                 | OR DAYS OF CAL  |                     | PER UNIT/DAY |       |           | ELIGIBLE |
| @ALL OTHER PROVIDERS            | 3,283           | •               | \$<br>870,452.87    |              | 9.507 | •         | ·        |
| DURABLE MED. EQUIP.             | 384             | 4,041           | 226 <b>,</b> 408.07 | 56.03        |       |           | 10.29    |
| BLOOD BANK                      | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| HEARING AID DISPENSERS          | 6               | 6               | 2,928.68            | 488.11       | .000  | 488.11    | .13      |
| MEDICAL TRANSPORTATION          | 1,585           | 54 <b>,</b> 032 | 195,249.92          | 3.61         | 2.455 | 123.19    | 8.87     |
| AMBULANCES/AIR TRANS            | 116             | 637             | 11,166.15           | 17.53        | .029  | 96.26     | .51      |
| OTHER TRANS                     | 1,424           | 52 <b>,</b> 871 | 182,470.41          | 3.45         | 2.403 | 128.14    | 8.29     |
| OTHER SERVICES                  | 93              | 524             | 1,613.36            | 3.08         | .024  | 17.35     | .07      |
| ACUPUNCTURE                     | 3               | 11              | 189.23              | 17.20        | .000  | 63.08     | .01      |
| ADULT DAY HEALTH CARE CTR       | 1               | 7               | 487.06              | 69.58        | .000  | 487.06    | .02      |
| GENETIC DISEASE TESTING         | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP  | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| OCCUPATIONAL THERAPIST          | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| OPTICIAN                        | 142             | 297             | 3,804.28            | 12.81        | .013  | 26.79     | .17      |
| PHYSICAL THERAPIST              | 1               | 1               | 77.84               | 77.84        | .000  | 77.84     | .00      |
| PORTABLE X-RAY                  | 324             | 572             | 1,012.56            | 1.77         | .026  | 3.13      | .05      |
| PROSTHETIST/ORTHOTISTS          | 6               | 10              | 417.63              | 41.76        | .000  | 69.61     | .02      |
| PROSTHETICS                     | 6               | 10              | 417.63              | 41.76        | .000  | 69.61     | .02      |
| ORTHOTICS                       | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| PSYCHOLOGIST                    | 27              | 28              | 578.21              | 20.65        | .001  | 21.42     | .03      |
| SPEECH AND AUDIOLOGY            | 223             | 356             | 21,283.56           | 59.79        | .016  | 95.44     | .97      |
| HOSPICE SERVICES                | 110             | 3,343           | 352,755.27          | 105.52       | .152  | 3206.87   | 16.03    |
| NONINST BIRTHING CENTERS        | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| LOCAL EDUCATION AGENCIES        | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE      | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| RESPIRATORY CARE PRACT.         | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| PED SUBACUTE REHAB/WEANING      | 0               | 0               | .00                 | .00          | .000  | .00       | .00      |
| ALL OTHER PROVIDERS             | 780             | 146,518         | 65,260.56           | .45          | 6.658 | 83.67     | 2.97     |
| @CALIF. CHILDREN SERVICES*      | 0               | 0               | \$<br>.00           |              | .000  | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**   | 5,749           | 216,656         | \$<br>1,125,556.16  | \$ 5.20      | 9.845 | \$ 195.78 | \$ 51.15 |
| 0* TOTALS IN THESE LINES ARE GI | VEN AS A SEPARA | •               |                     |              |       |           |          |

----- MONTHLY AVERAGE -----

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,697 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| SOUTHWILL OF SELV | TCES FOR | T-TTA .        | поис                 | TEIM | CHILL                  | מאדתם                         |   | AID CODE  | 23   |  |  |   |          |
|-------------------|----------|----------------|----------------------|------|------------------------|-------------------------------|---|---|--|--|--|---|----------|
|                   |          |                |                      |      |                        |                               |   |   | MO   | ГИC  | HLY AVERA  | GΕ  |          |
| USERS             | UNITS OF | SERVI          | CE                   |      | EXPEND                 | ITURES                        | AVE   | RAGE COST   | UNITS/DAYS   | S  | COST PER   |   | COST PER |
|                   | OR DAYS  | OF CA          | RE                   |      |                        |                               | PER   | UNIT/DAY  | PER ELIG   |  | USER   |   | ELIGIBLE |
| 0                 |          | 0              | \$                   |      |                        | .00                           | \$  | .00   | .000   | \$   | .00  | \$  | .00      |
| 0                 |          | 0              | \$                   |      |                        | .00                           | \$  | .00   | .000   | \$   | .00  | \$  | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
| 0                 |          | 0              |                      |      |                        | .00                           |   | .00   | .000   |  | .00  |   | .00      |
|                   |          | USERS UNITS OF | USERS UNITS OF SERVI |      | USERS UNITS OF SERVICE | USERS UNITS OF SERVICE EXPEND | USERS UNITS OF SERVICE OR DAYS OF CARE  0 0 \$ .00 0 0 \$ .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 | USERS UNITS OF SERVICE EXPENDITURES AVE OR DAYS OF CARE  0 0 \$ .00 \$ 0 0 \$ .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 .00 \$ 0 0 0 .00 \$ 0 0 0 .00 \$ 0 0 0 .00 \$ 0 0 0 0 .00 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS | USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS OR DAYS OF CARE  0 | USERS UNITS OF SERVICE OR DAYS OF CARE  OR DAYS OF CARE  O | USERS UNITS OF SERVICE OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  PER UNIT/DAY PER ELIG USER  OR DAYS OF CARE  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  OR DAYS OF CARE  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  OR DAYS OF CARE  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  OR DAYS OF CARE  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  OR DAYS OF CARE  OR DAYS | USERS    |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS               | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
|----------------------------|----------------|---------------------------------------|--------------------|-----------------|---------------|------------|------|-----------|
| SERVICES AND MATERIALS     | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| INPATIENT HOSPITAL SURGERY | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| PRINCIPAL SURGEON          | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| ASSISTANT SURGEON          | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
|                            | 0              | 0                                     |                    |                 |               |            |      |           |
| ANESTHESIOLOGIST           | U              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| OUTPATIENT SURGERY         | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| PRINCIPAL SURGEON          | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| ASSISTANT SURGEON          | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| ANESTHESIOLOGIST           | Ω              | Λ                                     | .00                | .00             | .000          | .00        |      | .00       |
| DIALYSIS                   | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
|                            | 0              | · · · · · · · · · · · · · · · · · · · |                    |                 |               |            |      |           |
| PATHOLOGY                  | Ü              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| RADIOLOGY                  | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| PSYCHIATRY                 | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| IMMUNIZATION AND INJECTION | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| OTHER SERVICES/ALL X-OVERS | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| @PHARMACY                  | 0              | 0 \$                                  | .00                | \$ .00          | .000 \$       | .00        | Ċ    | .00       |
|                            | 0              | 0                                     |                    |                 | ·             |            | Ą    |           |
| PRESCRIPTION DRUGS         | U              | · ·                                   | .00                | .00             | .000          | .00        |      | .00       |
| SNF/ICF                    | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| OUTPATIENTS                | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| MEDICAL SUPPLIES           | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| @DENTIST                   | 0              | 0 \$                                  | .00                | \$ .00          | .000 \$       | .00        | Ś    | .00       |
| VISITS - DIAGNOSTIC        | 0              | 0                                     | .00                | .00             | .000          | .00        | Τ    | .00       |
|                            | 0              | -                                     |                    |                 |               |            |      |           |
| ORAL SURGERY               | U              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| DRUGS                      | 0              | O                                     | .00                | .00             | .000          | .00        |      | .00       |
| ANESTHESIA                 | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| PERIODONTICS               | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| ENDODONTICS                | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| RESTORATIVE DENTISTRY      | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
|                            | 0              | 0                                     |                    |                 |               |            |      |           |
| PROSTHETICS                | U              | U                                     | .00                | .00             | .000          | .00        |      | .00       |
| DENTURES, STAYPLATES       | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| SPACE MAINTAINERS          | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| MAXILLOFACIAL SERVICES     | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| FRACTURES, DISLOCATIONS    | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| ORTHODONTIC SERVICES       | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
|                            | 0              | 0                                     |                    |                 | .000          | .00        |      | .00       |
| ALL OTHER SERVICES         | 0              | •                                     | .00                | .00             |               |            |      |           |
| #CALIF DEPT OF HEALTH SERV |                | CES AND EXPENDITURES MO               | ONTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | 2004       | PA   | GE 10,698 |
| MOP024                     | FEE-FOR-SERVIC | E/DENTAL                              |                    |                 |               |            |      | 03/14/05  |
| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR MN - LONG TE                | ERM CARE - BLIND   | AID CODE        | 23            |            |      |           |
|                            |                |                                       |                    |                 | MONT          | THLY AVERA | GE - |           |
| 00 ELIGIBLES               | USERS          | UNITS OF SERVICE                      | EXPENDITURES       | AVERAGE COST    |               |            |      | OST PER   |
| 00 EEIGIBEE                | OBLIG          | OR DAYS OF CARE                       | DITT DIVE I TOTAL  | PER UNIT/DAY    |               | USER       |      | LIGIBLE   |
| CODMOMEMBICA               | 0              |                                       | 0.0                |                 | .000 \$       |            |      |           |
| @OPTOMETRIST               | 0              | 0 \$                                  | .00                | \$ .00          |               | .00        | Þ    | .00       |
| DIAGNOSTIC AND ANC. PROCED | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| EYE APPLIANCES             | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| OTHER OPTOMETRIC SERVICES  | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| @CHIROPRACTOR              | 0              | 0 \$                                  |                    | \$ .00          | .000 \$       | .00        | Ś    | .00       |
| VISITS                     | 0              | 0                                     | .00                | .00             | .000          | .00        | т.   | .00       |
| OTHER SERVICES             | 0              | 0                                     |                    |                 |               |            |      |           |
|                            | U              |                                       | .00                | .00             | .000          | .00        |      | .00       |
| @PODIATRIST                | U              | 0 \$                                  | .00                | \$ .00          | .000 \$       | .00        | Ş    | .00       |
| MEDICINE/INJECTIONS        | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| SURGERY/ANES.              | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| RADIO./PATHOLOGY           | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| OTHER                      | 0              | 0                                     | .00                | .00             | .000          | .00        |      | .00       |
| @HOME HEALTH AGENCY        | 0              | •                                     | .00                |                 | .000 \$       | .00        | Ċ    | .00       |
|                            | 0              |                                       |                    |                 |               |            |      |           |
| NURSE ANESTHESIST          | 0              | 0 \$                                  | .00                | \$ .00          | .000 \$       | .00        | Þ    | .00       |
|                            |                |                                       |                    |                 |               |            |      |           |

| WIDGE MEDITEE                | 2               | 0                                     |                              | <b>A</b> 00  | 000 6           | 0.0        | <b>A</b> 0.0 |
|------------------------------|-----------------|---------------------------------------|------------------------------|--------------|-----------------|------------|--------------|
| NURSE MIDWIFE                | U               | 0 9                                   | •                            | \$ .00       | .000 \$         |            | \$ .00       |
| PEDIATRIC NURSE PRACTITIONER | 0               |                                       | .00                          | \$ .00       | .000 \$         |            | \$ .00       |
| FAMILY NURSE PRACTITIONER    | 0               | 0 5                                   | .00                          | \$ .00       | .000 \$         | .00        | ·            |
| @TOTAL HOSPITAL              | 0               | 0 5                                   | .00                          | \$ .00       | .000 \$         | .00        | ·            |
| HOSP INPATIENT TOTAL         | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| HSC HOSPITALS                | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| NON-HSC HOSPITAL TOTAL       | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ACCOMMODATIONS               | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ADMINISTRATIVE DAYS          | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| TRANSITIONAL IP CARE         | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ALL OTHER ACCOM              | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ANCILLARIES                  | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| INPATIENT CROSSOVERS         | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ALL OTHER INPATIENT          | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| HOSP OUTPATIENT TOTAL        | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| MEDICAL                      | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| SURGERY                      | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| PATHOLOGY                    | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
|                              | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| RADIOLOGY                    | 0               | 0                                     |                              |              |                 |            |              |
| ROOM USE                     | 0               | · · · · · · · · · · · · · · · · · · · | .00                          | .00          | .000            | .00        | .00          |
| CROSSOVERS/ALL OTH OUTPTNT   | U               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| @COUNTY HOSPITAL TOTAL       | 0               | 0 9                                   | .00                          | \$ .00       | .000 \$         | .00        | ·            |
| CO HOSPITAL INPATIENT TOTAL  | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| HSC HOSPITALS                | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| NON-HSC HOSPITALS TOTAL      | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ACCOMMODATIONS               | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ADMINISTRATIVE DAYS          | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| TRANSITIONAL IP CARE         | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ALL OTHER ACCOM              | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ANCILLARIES                  | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| INPATIENT CROSSOVERS         | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ALL OTHER INPATIENT          | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| CO HOSP OUTPATIENT TOTAL     | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| MEDICAL                      | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| SURGERY                      | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| PATHOLOGY                    | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| RADIOLOGY                    | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ROOM USE                     | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| CROSSOVERS/ALL OTH OUTPTNT   | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| #CALIF DEPT OF HEALTH SERV   |                 | · · · · · · · · · · · · · · · · · · · | S MONTH-OF-PAYMENT R         |              |                 |            | PAGE 10,699  |
| MOP024                       | FEE-FOR-SERVICE |                                       | 7 11011111 01 111111111111 1 |              | 2001 111110 220 | 2001       | 03/14/05     |
| SACRAMENTO COUNTY            |                 |                                       | G TERM CARE - BLIND          | AID CODE     | 23              |            | 03/11/03     |
| SACIAMENTO COUNTI            | DOMMANT OF BENV | ICES FOR PIN LONG                     | JIERT CARE DEIND             | AID CODE     | MONT            | HIY AVERAG | E            |
| 00 ELIGIBLES                 | USERS           | UNITS OF SERVICE                      | EXPENDITURES                 | AVERACE COST | UNITS/DAYS      |            | COST PER     |
| 00 EHIGIBLES                 | OSEKS           | OR DAYS OF CARE                       | EXFENDITORES                 | PER UNIT/DAY |                 | USER       | ELIGIBLE     |
| ACOMMINITE HORDINAL MODAL    | 0               |                                       | 0.0                          | \$ .00       | .000 \$         | .00        |              |
| @COMMUNITY HOSPITAL TOTAL    | 0               | 0 2                                   |                              |              |                 |            |              |
| COMM HOSP INPATIENT TOTAL    | 0               | •                                     | .00                          |              | .000            |            |              |
| HSC HOSPITALS                | U               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| NON-HSC HOSPITALS TOTAL      | U               | U                                     | .00                          | .00          | .000            | .00        | .00          |
| ACCOMMODATIONS               | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ADMINISTRATIVE DAYS          | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| TRANSITIONAL IP CARE         | Ü               | Ü                                     | .00                          | .00          | .000            | .00        | .00          |
| ALL OTHER ACCOM              | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ANCILLARIES                  | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| INPATIENT CROSSOVERS         | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
| ALL OTHER INPATIENT          | 0               | 0                                     | .00                          | .00          | .000            | .00        | .00          |
|                              |                 |                                       |                              |              |                 |            |              |

| COMM HOSP OUTPATIENT TOTAL   | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
|------------------------------|---|---|-----------|-----------|------|-----------|-----------|
| MEDICAL                      | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| SURGERY                      | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PATHOLOGY                    | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| RADIOLOGY                    | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ROOM USE                     | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| CROSSOVERS/ALL OTH OUTPTNT   | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @STATE HOSPITAL              | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| MENTALLY ILL                 | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| DEVELOP. DISABLED            | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @NURSING FACILITY            | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| LEV A-INTERMEDIATE           | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| LEV B-REHAB MD               | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| LEV B-SUBACUTE FREESTANDING  | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| LEV B-SUBACUTE HSPTL BASED   | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| LEV B-TRANSITIONAL IP CARE   | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| LEV B-REGULAR                | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @INTERMEDIATE CARE FACILDD   | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| ICF DDH                      | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ICF DD                       | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ICF DDN/DDCN                 | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @HEMODIALYSIS TOTAL          | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| HOSPITAL BASED               | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| HEMODIALYSIS CENTER          | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @REHABILITATION FACILITY     | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| HOSPITAL BASED               | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| INDEPENDENT FACILITY         | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @LABORATORY FACILITY         | 0 | 0 | \$<br>.00 | \$<br>.00 |      | \$<br>.00 | \$<br>.00 |
| PATHOLOGY                    | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| XO AND OTHERS                | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| CLINIC                       | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
|                              |   |   |           |           |      |           |           |

.00 .00 SURGICENTER 0 0 .000 .00 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,700 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

| SACKAMENTO COUNTI              | SOUTHAINT OF SERV  | TCES LOW MIN TOING I  | EIGH CAIGE DELIND | AID CODE     | 23         |              |          |
|--------------------------------|--------------------|-----------------------|-------------------|--------------|------------|--------------|----------|
|                                |                    |                       |                   |              | MON'       | IHLY AVERAG! | E        |
| 00 ELIGIBLES                   | USERS              | UNITS OF SERVICE      | EXPENDITURES      | AVERAGE COST | UNITS/DAYS | COST PER     | COST PER |
|                                |                    | OR DAYS OF CARE       |                   | PER UNIT/DAY | PER ELIG   | USER         | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 0                  | 0 \$                  | .00               | \$ .00       | .000 \$    | .00          | \$ .00   |
| DURABLE MED. EQUIP.            | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| BLOOD BANK                     | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| HEARING AID DISPENSERS         | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| MEDICAL TRANSPORTATION         | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| AMBULANCES/AIR TRANS           | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| OTHER TRANS                    | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| OTHER SERVICES                 | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| ACUPUNCTURE                    | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| ADULT DAY HEALTH CARE CTR      | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| GENETIC DISEASE TESTING        | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| OCCUPATIONAL THERAPIST         | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| OPTICIAN                       | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| PHYSICAL THERAPIST             | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| PORTABLE X-RAY                 | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| PROSTHETIST/ORTHOTISTS         | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| PROSTHETICS                    | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| ORTHOTICS                      | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| PSYCHOLOGIST                   | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| SPEECH AND AUDIOLOGY           | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| HOSPICE SERVICES               | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| NONINST BIRTHING CENTERS       | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| LOCAL EDUCATION AGENCIES       | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| RESPIRATORY CARE PRACT.        | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| PED SUBACUTE REHAB/WEANING     | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| ALL OTHER PROVIDERS            | 0                  | 0                     | .00               | .00          | .000       | .00          | .00      |
| @CALIF. CHILDREN SERVICES*     | 0                  | 0 \$                  | .00               | \$ .00       | .000 \$    | .00          | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**  | 0                  | 0 \$                  | .00               | \$ .00       | .000 \$    | .00          | \$ .00   |
| Q + MOMATO TAL MURCE TIMEO ADE | CITTENI AC A CEDAD | AME TARODAMAMION IMPA | ONIT 37 -         |              |            |              |          |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,701 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

|                       |       |                 |    |               |              | MON        | THLY AVERA | GE       |      |
|-----------------------|-------|-----------------|----|---------------|--------------|------------|------------|----------|------|
| 4,626 ELIGIBLES       | USERS | UNITS OF SERVIC | E  | EXPENDITURES  | AVERAGE COST | UNITS/DAYS | COST PER   | COST P   | 'ER  |
|                       |       | OR DAYS OF CAR  | E  |               | PER UNIT/DAY | PER ELIG   | USER       | ELIGIB   | 3LE  |
| @TOTAL, ALL PROVIDERS | 4,812 | 421,935         | \$ | 21,033,347.47 | \$ 49.85     | 91.209 \$  | 4371.02    | \$ 4546. | .77  |
| @PHYSICIANS SERVICES  | 1,200 | 3,841           | \$ | 110,005.38    | \$ 28.64     | .830 \$    | 91.67      | \$ 23.   | .78  |
| OUTPATIENT VISITS     | 78    | 99              |    | 5,223.83      | 52.77        | .021       | 66.97      | 1.       | .13  |
| OFFICE VISITS         | 31    | 35              |    | 1,265.20      | 36.15        | .008       | 40.81      |          | .27  |
| HOME VISITS           | 9     | 12              |    | 411.60        | 34.30        | .003       | 45.73      |          | .09  |
| EMERGENCY ROOM        | 38    | 49              |    | 3,467.59      | 70.77        | .011       | 91.25      |          | . 75 |
| PREVENTIVE CARE       | 0     | 0               |    | .00           | .00          | .000       | .00        |          | .00  |
| OB VISITS/COMPRE PERI | 0     | 0               |    | .00           | .00          | .000       | .00        |          | .00  |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT           | 3                     | 3                  |         | 79.44                  |           | 26.48            | .001       |      | 26.48    |            | .02        |
|----------------------------|-----------------------|--------------------|---------|------------------------|-----------|------------------|------------|------|----------|------------|------------|
| INPATIENT VISITS           | 341                   | 1,274              |         | 43,616.26              |           | 34.24            | .275       |      | 127.91   |            | 9.43       |
| HOSPITAL VISITS            | 62                    | 644                |         | 23,565.95              |           | 36.59            | .139       |      | 380.10   |            | 5.09       |
| CRITICAL CARE              | 7                     | 18                 |         |                        |           | 116.53           | .004       |      | 299.66   |            | .45        |
| SNF/ICF/TRANS IP CARE      | 302                   | 612                |         | 17,952.71              |           | 29.33            | .132       |      | 59.45    |            | 3.88       |
| OPHTHALMOLOGICAL SERVICES  | 13                    | 18                 |         | 721.36                 |           | 40.08            | .004       |      | 55.49    |            | .16        |
|                            |                       |                    |         | 721.36                 |           |                  |            |      |          |            |            |
| EXAMINATIONS               | 13                    | 18<br>0            |         |                        |           | 40.08            | .004       |      | 55.49    |            | .16        |
| SERVICES AND MATERIALS     | 0                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| INPATIENT HOSPITAL SURGERY | 27                    | 87                 |         | 8,053.83               |           | 92.57            | .019       |      | 298.29   |            | 1.74       |
| PRINCIPAL SURGEON          | 25                    | 40                 |         | 6 <b>,</b> 977.86      |           | 174.45           | .009       |      | 279.11   |            | 1.51       |
| ASSISTANT SURGEON          | 0                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| ANESTHESIOLOGIST           | 4                     | 47                 |         | 1,075.97               |           | 22.89            | .010       |      | 268.99   |            | .23        |
| OUTPATIENT SURGERY         | 68                    | 247                |         | 11,438.51              |           | 46.31            | .053       |      | 168.21   |            | 2.47       |
| PRINCIPAL SURGEON          | 22                    | 26                 |         | 3,913.29               |           | 150.51           | .006       |      | 177.88   |            | .85        |
| ASSISTANT SURGEON          | 0                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| ANESTHESIOLOGIST           | 46                    | 221                |         | 7,525.22               |           | 34.05            | .048       |      | 163.59   |            | 1.63       |
| DIALYSIS                   | 4                     | 26                 |         | 1,457.18               |           | 56.05            | .006       |      | 364.30   |            | .31        |
|                            | 14                    | 70                 |         | 481.18                 |           | 6.87             | .015       |      | 34.37    |            | .10        |
| PATHOLOGY                  |                       |                    |         |                        |           |                  |            |      |          |            |            |
| RADIOLOGY                  | 106                   | 393                |         | 9,243.68               |           | 23.52            | .085       |      | 87.20    |            | 2.00       |
| PSYCHIATRY                 | 1                     | 1                  |         | 73.29                  |           | 73.29            | .000       |      | 73.29    |            | .02        |
| IMMUNIZATION AND INJECTION | 1                     | 2                  |         | 10.15                  |           | 5.08             | .000       |      | 10.15    |            | .00        |
| OTHER SERVICES/ALL X-OVERS | 794<br>3,875<br>3,820 | 1,624              |         | 29,686.11              |           | 18.28            | .351       |      | 37.39    |            | 6.42       |
| @PHARMACY                  | 3 <b>,</b> 875        | 183 <b>,</b> 961   | \$      | 2,375,742.08           | \$        | 12.91            | 39.767     | \$   | 613.09   | \$         | 513.56     |
| PRESCRIPTION DRUGS         | 3,820                 | 31,389             |         | Z, Z99, 140.1Z         |           | 73.27            | 6.785      |      | 602.03   |            | 497.13     |
| SNF/ICF                    | 3,339                 | 28,137             |         | 2,052,459.00           |           | 72.95            | 6.082      |      | 614.69   |            | 443.68     |
| OUTPATIENTS                | 530                   | 3,252              |         | 247,281.72             |           | 76.04            | .703       |      | 466.57   |            | 53.45      |
| MEDICAL SUPPLIES           | 452                   | 152,572            |         | 76,001.36              |           | 76.04<br>.50     | 32.981     |      | 168.14   |            | 16.43      |
| @DENTIST                   | 348                   | 1.472              | Ś       | 47.984 50              | Ś         | 32 60            |            | Ś    | 137.89   | Ś          | 10.37      |
| VISITS - DIAGNOSTIC        | 348<br>298            | 1,076              | Τ.      | 47,984.50<br>16,133.30 | т         | 14 99            | .233       |      | 54.14    | т          | 3.49       |
| ORAL SURGERY               | 37                    | 145                |         | 5,517.00               |           | 38.05            |            |      |          |            | 1.19       |
| DRUGS                      | 0                     | 143                |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
|                            | 0                     | 0                  |         |                        |           |                  |            |      |          |            |            |
| ANESTHESIA                 | •                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| PERIODONTICS               | 47                    | 58<br>1            |         | 8,938.00               |           | 154.10<br>300.00 | .013       |      | 190.17   |            | 1.93       |
| ENDODONTICS                | 1                     |                    |         |                        |           |                  | .000       |      | 300.00   |            | .06        |
| RESTORATIVE DENTISTRY      | 36                    | 92                 |         | 4,369.20               |           | 47.49            | .020       |      | 121.37   |            | .94        |
| PROSTHETICS                | 0                     | 0                  |         | .00                    |           | .00              |            |      | .00      |            | .00        |
| DENTURES, STAYPLATES       | 26                    | 94                 |         | 12,727.00              |           | 135.39           | .020       |      | 489.50   |            | 2.75       |
| SPACE MAINTAINERS          | 0                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| MAXILLOFACIAL SERVICES     | 0                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| FRACTURES, DISLOCATIONS    | 0                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| ORTHODONTIC SERVICES       | 0                     | 0                  |         | .00                    |           | .00              | .000       |      | .00      |            | .00        |
| ALL OTHER SERVICES         | 5                     | 6                  |         | .00                    |           | .00              | .001       |      | .00      |            | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI        |                    | ו פק    | MONTH-OF-PAYMENT RE    | Z D \ D T |                  |            | DEC  |          | D7         | AGE 10,702 |
| MOP024                     | FEE-FOR-SERVICE       |                    | 10 1    | MONIN OF TATMENT RE    | JI OI(.   | I FOR OAN        | 2004 11110 | טטכ  | 2004     | 1.7        | 03/14/05   |
|                            |                       |                    | .T.C. I | TEDM CADE DICADIE      | 7.0       | ATD CODE         | (2)        |      |          |            | 03/14/03   |
| SACRAMENTO COUNTY          | SUMMARY OF SERV       | VICES FOR MN - LOP | NG .    | TERM CARE - DISABLE    | עני       | AID CODE         |            | 0.7m |          | <b>C</b> E |            |
| 4 606                      |                       |                    |         |                        |           |                  | M          |      |          |            |            |
| 4,626 ELIGIBLES            | USERS                 | UNITS OF SERVICE   |         | EXPENDITURES           |           |                  | UNITS/DAY  |      | COST PER |            | COST PER   |
|                            |                       | OR DAYS OF CARE    |         |                        | PEI       |                  | PER ELIG   |      | USER     |            | ELIGIBLE   |
| @OPTOMETRIST               | 80                    | 184                | \$      | 3 <b>,</b> 591.96      | \$        | 19.52            | .040       | \$   | 44.90    | \$         | .78        |
| DIAGNOSTIC AND ANC. PROCED | 40                    | 47                 |         | 1,365.05               |           | 29.04            | .010       |      | 34.13    |            | .30        |
| EYE APPLIANCES             | 45                    | 134                |         | 2,164.00               |           | 16.15            | .029       |      | 48.09    |            | .47        |
| OTHER OPTOMETRIC SERVICES  | 2                     | 3                  |         | 62.91                  |           | 20.97            | .001       |      | 31.46    |            | .01        |
| @CHIROPRACTOR              | 1                     | 1                  | \$      | 16.72                  | \$        | 16.72            | .000       | \$   | 16.72    | \$         | .00        |
| VISITS                     | 0                     | 0                  | •       | .00                    |           | .00              | .000       | •    | .00      |            | .00        |
| OTHER SERVICES             | 1                     | 1                  |         | 16.72                  |           | 16.72            | .000       |      | 16.72    |            | .00        |
| @PODIATRIST                | 402                   | 488                | \$      | 3,556.48               | \$        | 7.29             | .105       | Ś    | 8.85     | Ś          | .77        |
| GIODIMIKIDI                | 702                   | 400                | Y       | 3,330.40               | ۲         | 1 • 4 9          | • 100      | ۲    | 0.00     | ۲          | • / /      |
|                            |                       |                    |         |                        |           |                  |            |      |          |            |            |

| MEDICINE/INJECTIONS          | 7               | 7                      | 168.00              | 24.00          | .002          | 24.00    | .04         |
|------------------------------|-----------------|------------------------|---------------------|----------------|---------------|----------|-------------|
| SURGERY/ANES.                | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| RADIO./PATHOLOGY             | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| OTHER                        | 395             | 481                    | 3,388.48            | 7.04           | .104          | 8.58     | .73         |
| @HOME HEALTH AGENCY          | 3               | 34 \$                  | 2,550.07            | \$ 75.00       | .007 \$       | 850.02   |             |
| NURSE ANESTHESIST            | 7               | 87 \$                  | 488.87              | \$ 5.62        | .019 \$       | 69.84    | \$ .11      |
| NURSE MIDWIFE                | 1               | 7 \$                   | 24.53               | \$ 3.50        | .002 \$       | 24.53    | \$ .01      |
| PEDIATRIC NURSE PRACTITIONER |                 | 0 \$                   | .00                 | \$ .00         | .000 \$       | .00      | \$ .00      |
| FAMILY NURSE PRACTITIONER    | 7               | 10 \$                  | 275.41              | \$ 27.54       | .002 \$       | 39.34    |             |
| @TOTAL HOSPITAL              | 489             | 3 <b>,</b> 495 \$      | 1,029,488.17        | \$ 294.56      |               | 2105.29  |             |
| HOSP INPATIENT TOTAL         | 83              | 859                    | 982,809.46          | 1144.13        |               | 11841.08 | 212.45      |
| HSC HOSPITALS                | 40              | 472                    | 579 <b>,</b> 168.69 | 1227.05        |               | 14479.22 | 125.20      |
| NON-HSC HOSPITAL TOTAL       | 21              | 387                    | 379,952.15          | 981.79         |               | 18092.96 | 82.13       |
| ACCOMMODATIONS               | 21              | 387                    | 212,387.10          | 548.80         |               | 10113.67 | 45.91       |
| ADMINISTRATIVE DAYS          | 2               | 9                      | 2,002.58            | 222.51         | .002          | 1001.29  | .43         |
| TRANSITIONAL IP CARE         | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| ALL OTHER ACCOM              | 20              | 378                    | 210,384.52          | 556.57         | .082          | 10519.23 | 45.48       |
| ANCILLARIES                  | 21              | 0                      | 167,565.05          | .00            | .000          | 7979.29  | 36.22       |
| INPATIENT CROSSOVERS         | 31              | 0                      | 23,688.62           | .00            | .000          | 764.15   | 5.12        |
| ALL OTHER INPATIENT          | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| HOSP OUTPATIENT TOTAL        | 435             | 2,636                  | 46,678.71           | 17.71          | .570          | 107.31   | 10.09       |
| MEDICAL                      | 25              | 40                     | 1,705.25            | 42.63          | .009          | 68.21    | .37         |
| SURGERY                      | 21              | 23                     | 1,126.46            | 48.98          | .005          | 53.64    | .24         |
| PATHOLOGY                    | 193             | 855                    | 9,379.01            | 10.97          | .185          | 48.60    | 2.03        |
| RADIOLOGY                    | 36              | 55                     | 2,945.77            | 53.56          | .012          | 81.83    | .64         |
| ROOM USE                     | 48              | 75                     | 3 <b>,</b> 855.69   | 51.41          | .016          | 80.33    | .83         |
| CROSSOVERS/ALL OTH OUTPTNT   | 241             | 1 <b>,</b> 588         | 27,666.53           | 17.42          | .343          | 114.80   | 5.98        |
| @COUNTY HOSPITAL TOTAL       | 11              | 86 \$                  | 55 <b>,</b> 890.25  | \$ 649.89      | .019 \$       |          |             |
| CO HOSPITAL INPATIENT TOTAL  | 7               | 75                     | 55 <b>,</b> 729.84  | 743.06         | .016          | 7961.41  | 12.05       |
| HSC HOSPITALS                | 7               | 71                     | 54,289.10           | 764.64         | .015          | 7755.59  | 11.74       |
| NON-HSC HOSPITALS TOTAL      | 1               | 4                      | 1,440.74            | 360.19         | .001          | 1440.74  | .31         |
| ACCOMMODATIONS               | 1               | 4                      | 925.20              | 231.30         | .001          | 925.20   | .20         |
| ADMINISTRATIVE DAYS          | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| TRANSITIONAL IP CARE         | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| ALL OTHER ACCOM              | 1               | 4                      | 925.20              | 231.30         | .001          | 925.20   | .20         |
| ANCILLARIES                  | 1               | 0                      | 515.54              | .00            | .000          | 515.54   | .11         |
| INPATIENT CROSSOVERS         | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| ALL OTHER INPATIENT          | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| CO HOSP OUTPATIENT TOTAL     | 4               | 11                     | 160.41              | 14.58          | .002          | 40.10    | .03         |
| MEDICAL                      | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| SURGERY                      | 0               | 0                      | .00                 | .00            | .000          | .00      | .00         |
| PATHOLOGY                    | 1               | 2                      | 27.59               | 13.80          | .000          | 27.59    | .01         |
| RADIOLOGY                    | 1               | 1                      | 48.41               | 48.41          | .000          | 48.41    | .01         |
| ROOM USE                     | 1               | 1                      | 52.23               | 52.23          | .000          | 52.23    | .01         |
| CROSSOVERS/ALL OTH OUTPTNT   | 3               | 7                      | 32.18               | 4.60           | .002          | 10.73    | .01         |
| #CALIF DEPT OF HEALTH SERV   |                 | ES AND EXPENDITURES MO | NTH-OF-PAYMENT RE   | PORT FOR JAN 2 | 2004 THRU DEC | 2004     | PAGE 10,703 |
| MOP024                       | FEE-FOR-SERVICE |                        |                     |                |               |          | 03/14/05    |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR MN - LONG TE  | ERM CARE - DISABLE  | D AID CODE     |               |          |             |
| 4 606                        |                 |                        |                     |                | MON'          |          |             |
| 4,626 ELIGIBLES              | USERS           | UNITS OF SERVICE       | EXPENDITURES        | AVERAGE COST   |               |          | COST PER    |
|                              | 400             | OR DAYS OF CARE        | 0.00 5.00 0.0       | PER UNIT/DAY   |               | USER     | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL    | 483             | 3,409 \$               | 973,597.92          | \$ 285.60      |               | 2015.73  |             |
| COMM HOSP INPATIENT TOTAL    | 78              | 784                    | 927,079.62          | 1182.50        | .169          | 11885.64 | 200.41      |
| HSC HOSPITALS                | 35              | 401                    | 524,879.59          | 1308.93        | .087          | 14996.56 | 113.46      |
| NON-HSC HOSPITALS TOTAL      | 20              | 383                    | 378,511.41          | 988.28         | .083          | 18925.57 | 81.82       |
| ACCOMMODATIONS               | 20              | 383                    | 211,461.90          | 552.12         | .083          | 10573.10 | 45.71       |
|                              |                 |                        |                     |                |               |          |             |

| ADMINISTRATIVE DAYS   | 2  | 9               |          | 2,002.58                   |          | 222.51           | .002      |          | 1001.29            |          | .43             |
|---|--|-----------------|----------|----------------------------|----------|------------------|-----------|----------|--------------------|----------|-----------------|
| TRANSITIONAL IP CARE  | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
| ALL OTHER ACCOM   | 19   | 374             |          | 209,459.32                 |          | 560.05           | .081      |          | 11024.17           |          | 45.28           |
| ANCILLARIES   | 20   | 0               |          | 167,049.51                 |          | .00              | .000      |          | 8352.48            |          | 36.11           |
| INPATIENT CROSSOVERS  | 31   | 0               |          | 23,688.62                  |          | .00              | .000      |          | 764.15             |          | 5.12            |
| ALL OTHER INPATIENT   | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
| COMM HOSP OUTPATIENT TOTAL  | 432  | 2,625           |          | 46,518.30                  |          | 17.72            | .567      |          | 107.68             |          | 10.06           |
| MEDICAL   | 25   | 40              |          | 1,705.25                   |          | 42.63            | .009      |          | 68.21              |          | .37             |
| SURGERY   | 21   | 23              |          | 1,126.46                   |          | 48.98            | .005      |          | 53.64              |          | .24             |
| PATHOLOGY   | 192  | 853             |          | 9,351.42                   |          | 10.96            |           |          | 48.71              |          | 2.02            |
| RADIOLOGY   | 35   | 54              |          | 2,897.36                   |          | 53.65            | .012      |          | 82.78              |          | .63             |
| ROOM USE  | 47   | 74              |          | 3,803.46                   |          | 51.40            | .016      |          | 80.92              |          | .82             |
| CROSSOVERS/ALL OTH OUTPING  |  | 1,581           |          | 27,634.35                  |          | 17.48            | .342      |          | 115.62             |          | 5.97            |
| @STATE HOSPITAL   | 2  | 167             | \$       | 91,261.07                  | \$       | 546.47           |           | \$       | 45630.54           | \$       | 19.73           |
| MENTALLY ILL  | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
| DEVELOP. DISABLED   | 2  | 167             |          | 91,261.07                  |          | 546.47           | .036      |          | 45630.54           |          | 19.73           |
| @NURSING FACILITY   | 2,995  | 95,991          | \$       | 12,621,778.42              | Ş        | 131.49           |           | Ş        | 4214.28            | Ş        |                 |
| LEV A-INTERMEDIATE  | 77   | 2,412           |          | 123,735.18                 |          | 51.30            | .521      |          | 1606.95            |          | 26.75           |
| LEV B-REHAB MD  | 249  | 8,040           |          | 798,706.59                 |          | 99.34            | 1.738     |          | 3207.66            |          | 172.66          |
| LEV B-SUBACUTE FREESTANDING                                       |  | 55              |          | 19,781.28                  |          | 359.66           | .012      |          | 9890.64            |          | 4.28            |
| LEV B-SUBACUTE HSPTL BASED  | 104  | 3,781           |          | 2,062,727.27               |          | 545.55           | .817      |          | 19833.92           |          | 445.90          |
| LEV B-TRANSITIONAL IP CARE  | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
| LEV B-REGULAR   | 2 <b>,</b> 574<br>964                                  | 81,703          | <u> </u> | 9,616,828.10               | <u> </u> | 117.70           | 17.662    | <u> </u> | 3736.14            | <u> </u> | 2078.86         |
| @INTERMEDIATE CARE FACILDD  | 964  | 29,673          | \$       | 4,279,527.38               | \$       | 144.22           |           | \$       | 4439.34            | \$       |                 |
| ICF DDH   | J / 0<br>211   | 17 <b>,</b> 986 |          | 2,695,571.85               |          | 149.87<br>124.63 | 3.888     |          | 4679.81<br>3750.82 |          | 582.70          |
| ICF DD<br>ICF DDN/DDCN  | 311<br>77  | 9,360<br>2,327  |          | 1,166,504.86<br>417,450.67 |          | 179.39           | 2.023     |          | 5421.44            |          | 252.16<br>90.24 |
| @HEMODIALYSIS TOTAL   | / /<br>E O   | 2,327<br>125    | ċ        |                            | ċ        | 354.46           |           | ċ        | 763.93             | ċ        | 90.24           |
| UCCDIMAL DACED  | J8<br>1  | 125             | \$       | 44,308.09<br>1,777.59      | ş        | 197.51           | .027      | Ą        | 1777.59            | Þ        | .38             |
| HOSPITAL BASED  | 2,374<br>964<br>576<br>311<br>77<br>58<br>1<br>57<br>0 | 116             |          | 42,530.50                  |          | 366.64           | .002      |          |                    |          | 9.19            |
| HEMODIALYSIS CENTER<br>@REHABILITATION FACILITY<br>HOSPITAL BASED | 57   | 0               | \$       | .00                        | \$       | .00              | .023      | ċ        | .00                | ċ        | .00             |
| UCCDIMAL DACED  | 0  | 0               | ې        | .00                        | ۲        | .00              | .000      | ۲        | .00                | ۲        | .00             |
| INDEPENDENT FACILITY  | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
| UNDEPENDENT FACILITY  @LABORATORY FACILITY                        | 84   | 382             | \$       | 3,427.92                   | \$       | 8.97             | .083      | Ġ        | 40.81              | Ġ        | .74             |
| PATHOLOGY   | 81   | 371             | Y        | 3,407.00                   | Y        | 9.18             | .080      | ٧        | 42.06              | Y        | .74             |
| XO AND OTHERS   | 3  | 11              |          | 20.92                      |          | 1.90             | .002      |          | 6.97               |          | .00             |
| @ORGANIZED OUTPATIENT CLINIC                                      | 9  | 34              | \$       | 2,125.28                   | \$       |                  | .007      | Ś        |                    | Ś        | .46             |
| CLINIC  | 1  | 2               | т        | 40.63                      | т        | 20.32            | .000      | т        | 40.63              | т        | .01             |
| SURGICENTER   | 2  | 11              |          | 507.76                     |          | 46.16            | .002      |          | 253.88             |          | .11             |
| HEROIN DETOX CLINIC   | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
| RURAL HEALTH CLINIC   | 6  | 21              |          | 1,576.89                   |          | 75.09            | .005      |          | 262.82             |          | .34             |
| #CALIF DEPT OF HEALTH SERV  |  |                 | JRES     | MONTH-OF-PAYMENT R         | REPORT   |                  |           | DEC      |                    | P.       | AGE 10,704      |
| MOP024  | FEE-FOR-SERVICE  | C/DENTAL        |          |                            |          |                  |           |          |                    |          | 03/14/05        |
| SACRAMENTO COUNTY   | SUMMARY OF SERV  | ICES FOR MN - I | LONG     | TERM CARE - DISABL         | ED       | AID CODE         | 63        |          |                    |          |                 |
|   |  |                 |          |                            |          |                  | M         | TNO      | HLY AVERA          | GE       |                 |
| 4,626 ELIGIBLES   | USERS  | UNITS OF SERVIC | CE       | EXPENDITURES               | AVE      | ERAGE COST       | UNITS/DAY | 'S       | COST PER           |          | COST PER        |
|   |  | OR DAYS OF CAR  | RE       |                            | PEF      | R UNIT/DAY       | PER ELIG  | 3        | USER               |          | ELIGIBLE        |
| @ALL OTHER PROVIDERS  | 1,527  | 101,983         | \$       | 417,195.14                 | \$       | 4.09             | 22.046    |          | 273.21             | \$       | 90.18           |
| DURABLE MED. EQUIP.   | 215  | 2,845           |          | 160,513.76                 |          | 56.42            | .615      |          | 746.58             |          | 34.70           |
| BLOOD BANK  | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
| HEARING AID DISPENSERS  | 4  | 4               |          | 175.52                     |          | 43.88            | .001      |          | 43.88              |          | .04             |
| MEDICAL TRANSPORTATION  | 490  | 26 <b>,</b> 777 |          | 102,181.67                 |          | 3.82             | 5.788     |          | 208.53             |          | 22.09           |
| AMBULANCES/AIR TRANS  | 98   | 1,023           |          | 15,309.59                  |          | 14.97            | .221      |          | 156.22             |          | 3.31            |
| OTHER TRANS   | 392  | 25,602          |          | 86,588.13                  |          | 3.38             | 5.534     |          | 220.89             |          | 18.72           |
| OTHER SERVICES  | 27   | 152             |          | 283.95                     |          | 1.87             | .033      |          | 10.52              |          | .06             |
| ACUPUNCTURE   | 0  | 0               |          | .00                        |          | .00              | .000      |          | .00                |          | .00             |
|   |  |                 |          |                            |          |                  |           |          |                    |          |                 |

| ADULT DAY HEALTH CARE CTR        | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
|----------------------------------|--------------------|-----------------|---------|------------|------------|--------|--------------|-------------|
| GENETIC DISEASE TESTING          | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| IHMC, MODEL-NF, NF, AIDS, MSSP   | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| OCCUPATIONAL THERAPIST           | 1                  | 46              |         | 145.03     | 3.15       | .010   | 145.03       | .03         |
| OPTICIAN                         | 51                 | 111             |         | 1,266.18   | 11.41      | .024   | 24.83        | .27         |
| PHYSICAL THERAPIST               | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| PORTABLE X-RAY                   | 73                 | 151             |         | 1,379.17   | 9.13       | .033   | 18.89        | .30         |
| PROSTHETIST/ORTHOTISTS           | 1                  | 2               |         | 39.03      | 19.52      | .000   | 39.03        | .01         |
| PROSTHETICS                      | 1                  | 2               |         | 39.03      | 19.52      | .000   | 39.03        | .01         |
| ORTHOTICS                        | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| PSYCHOLOGIST                     | 9                  | 13              |         | 289.84     | 22.30      | .003   | 32.20        | .06         |
| SPEECH AND AUDIOLOGY             | 618                | 2,399           |         | 96,129.72  | 40.07      | .519   | 155.55       | 20.78       |
| HOSPICE SERVICES                 | 8                  | 176             |         | 22,223.74  | 126.27     | .038   | 2777.97      | 4.80        |
| NONINST BIRTHING CENTERS         | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| LOCAL EDUCATION AGENCIES         | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| EPSDT SUPPLEMENTAL SERVICE       | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| RESPIRATORY CARE PRACT.          | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| PED SUBACUTE REHAB/WEANING       | 0                  | 0               |         | .00        | .00        | .000   | .00          | .00         |
| ALL OTHER PROVIDERS              | 337                | 69 <b>,</b> 459 |         | 32,851.48  | .47        | 15.015 | 97.48        | 7.10        |
| @CALIF. CHILDREN SERVICES*       | 0                  | 0               | \$      | .00        | \$<br>.00  | .000   | \$<br>.00    | \$<br>.00   |
| @XOVER EXCLUDING STATE HOSP**    | 1,599              | 118,069         | \$      | 265,409.97 | \$<br>2.25 | 25.523 | \$<br>165.98 | \$<br>57.37 |
| A* TOTALS IN THESE ITMES ARE CIV | TENT AC A CEDADATE | TNEODMATTON     | TTEM ON | TV.        |            |        |              |             |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 10,705 |
|----------------------------|---|-------------|
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED                   |             |

|                       |       |                |    |              |        |         | MC         | NTHLY AVERA | GΕ |          |
|-----------------------|-------|----------------|----|--------------|--------|---------|------------|-------------|----|----------|
| 00 ELIGIBLES          | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVERAG | E COST  | UNITS/DAYS | COST PER    |    | COST PER |
|                       |       | OR DAYS OF CA  | RE |              | PER UN | IIT/DAY | PER ELIG   | USER        |    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0     | 0              | \$ | .00          | \$     | .00     | .000       | \$ .00      | \$ | .00      |
| @PHYSICIANS SERVICES  | 0     | 0              | \$ | .00          | \$     | .00     | .000       | \$ .00      | \$ | .00      |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS                       | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
|---|-------------------|------------------|------|-------------------|---------|--------------|--------------|------|-----------|------|----------------------|
| OFFICE VISITS                           | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| HOME VISITS                             | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| EMERGENCY ROOM                          | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| PREVENTIVE CARE                         | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| OB VISITS/COMPRE PERI                   | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| OTHER OUTPATIENT                        | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| INPATIENT VISITS                        | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| HOSPITAL VISITS                         | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| CRITICAL CARE                           | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| SNF/ICF/TRANS IP CARE                   | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| OPHTHALMOLOGICAL SERVICES               | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| EXAMINATIONS                            | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| SERVICES AND MATERIALS                  | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| INPATIENT HOSPITAL SURGERY              | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| PRINCIPAL SURGEON                       | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
|   | 0                 | 0                |      | .00               |         |              |              |      | .00       |      |                      |
| ASSISTANT SURGEON                       | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| ANESTHESIOLOGIST                        | 0                 | 0                |      |                   |         | .00          | .000         |      |           |      | .00                  |
| OUTPATIENT SURGERY                      | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| PRINCIPAL SURGEON                       | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| ASSISTANT SURGEON                       | 0                 | U                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| ANESTHESIOLOGIST                        | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| DIALYSIS                                | Ü                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| PATHOLOGY                               | Ü                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| RADIOLOGY                               | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| PSYCHIATRY                              | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| IMMUNIZATION AND INJECTION              | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| OTHER SERVICES/ALL X-OVERS              | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| @PHARMACY                               | 0                 | 0                | \$   | .00               | ) \$    | .00          | .000         | \$   | .00       | \$   | .00                  |
| PRESCRIPTION DRUGS                      | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| SNF/ICF                                 | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| OUTPATIENTS                             | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| MEDICAL SUPPLIES                        | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| @DENTIST                                | 0                 | 0                | \$   | .00               | ) \$    | .00          | .000         | \$   | .00       | \$   | .00                  |
| VISITS - DIAGNOSTIC                     | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| ORAL SURGERY                            | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| DRUGS                                   | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| ANESTHESIA                              | 0                 | 0                |      | .00               | )       | .00          | .000         |      | .00       |      | .00                  |
| PERIODONTICS                            | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| ENDODONTICS                             | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| RESTORATIVE DENTISTRY                   | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| PROSTHETICS                             | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| DENTURES, STAYPLATES                    | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| SPACE MAINTAINERS                       | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| MAXILLOFACIAL SERVICES                  | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| FRACTURES, DISLOCATIONS                 | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| ORTHODONTIC SERVICES                    | 0                 | 0                |      | .00               |         | .00          | .000         |      | .00       |      | .00                  |
| ALL OTHER SERVICES                      | Ö                 | 0                |      |                   |         | .00          |              |      | .00       |      | .00                  |
|   |                   |                  | OF C | MONTH-OF-PAYMENT  |         |              |              |      |           | D    | AGE 10,706           |
| MOP024                                  | FEE-FOR-SERVICE   |                  | ريس. | HONIII OF TATHENT | INDI OI | (I FOR OAN 2 | 704 111110 . |      | 2004      | 1.2  | 03/14/05             |
| SACRAMENTO COUNTY                       |                   |                  | ONC  | TERM CARE - FAMII | TEC     | DISCOMPINITE | 7 D          |      |           |      | 03/14/03             |
| SACIAMENTO COUNTI                       | COLUMNIC OF SERVI | OHO TON TON - LO | DING | IDIM CARE - FAMIL | ٥٠٠٠    |              |              | חותו | HLY AVERA | CF . |                      |
| 00 ELIGIBLES                            | USERS             | UNITS OF SERVICE | 7    | EXPENDITURES      | 7.7     |              |              |      |           |      | COST PER             |
| OO ETIGIDTES                            | USEKS             | OR DAYS OF CAR   |      | EVLENDIIOKE;      |         | R UNIT/DAY   |              |      | USER      |      | COST PER<br>ELIGIBLE |
| A O D T O M E T D T C T                 | 0                 | OR DAIS OF CAR   | \$   | .00               |         | .00          |              |      | .00       |      | .00                  |
| @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED | 0                 | 0                | Ą    | .00               | -       | .00          | .000         | ٻ    | .00       | ٻ    | .00                  |
| DIAGNOSTIC AND ANC. PROCED              | U                 | U                |      | .00               | ,       | .00          | .000         |      | .00       |      | .00                  |

|                              |                         | •         |             | 0.0           | 0.0          | 0.00          | 0.0  | 0.0         |
|------------------------------|-------------------------|-----------|-------------|---------------|--------------|---------------|------|-------------|
| EYE APPLIANCES               | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| OTHER OPTOMETRIC SERVICES    | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| @CHIROPRACTOR                | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       |      | \$ .00      |
| VISITS                       | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| OTHER SERVICES               | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| @PODIATRIST                  | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       | .00  | \$ .00      |
| MEDICINE/INJECTIONS          | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| SURGERY/ANES.                | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| RADIO./PATHOLOGY             | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
|                              | 0                       | -         |             |               |              |               |      |             |
| OTHER                        | U                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| @HOME HEALTH AGENCY          | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       | .00  | \$ .00      |
| NURSE ANESTHESIST            | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       | .00  | \$ .00      |
| NURSE MIDWIFE                | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       | .00  | \$ .00      |
| PEDIATRIC NURSE PRACTITIONER | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       | .00  | \$ .00      |
| FAMILY NURSE PRACTITIONER    | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       | .00  | \$ .00      |
| @TOTAL HOSPITAL              | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       | .00  | \$ .00      |
| HOSP INPATIENT TOTAL         | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| HSC HOSPITALS                | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| NON-HSC HOSPITAL TOTAL       | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
|                              | 0                       | 0         |             |               |              |               |      |             |
| ACCOMMODATIONS               | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ADMINISTRATIVE DAYS          | U                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| TRANSITIONAL IP CARE         | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ALL OTHER ACCOM              | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ANCILLARIES                  | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| INPATIENT CROSSOVERS         | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ALL OTHER INPATIENT          | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| HOSP OUTPATIENT TOTAL        | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| MEDICAL                      | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| SURGERY                      | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| PATHOLOGY                    | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| RADIOLOGY                    | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ROOM USE                     | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| CROSSOVERS/ALL OTH OUTPTNT   | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
|                              | 0                       |           | Ċ           |               |              |               |      |             |
| @COUNTY HOSPITAL TOTAL       | 0                       | 0         | \$          | .00           | \$ .00       | .000 \$       |      | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL  | U                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| HSC HOSPITALS                | O                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| NON-HSC HOSPITALS TOTAL      | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ACCOMMODATIONS               | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ADMINISTRATIVE DAYS          | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| TRANSITIONAL IP CARE         | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ALL OTHER ACCOM              | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ANCILLARIES                  | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| INPATIENT CROSSOVERS         | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ALL OTHER INPATIENT          | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| CO HOSP OUTPATIENT TOTAL     | 0                       | Õ         |             | .00           | .00          | .000          | .00  | .00         |
| MEDICAL                      | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
|                              | 0                       | 0         |             |               |              |               |      |             |
| SURGERY                      | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| PATHOLOGY                    | U                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| RADIOLOGY                    | Ü                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| ROOM USE                     | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| CROSSOVERS/ALL OTH OUTPINT   | 0                       | 0         |             | .00           | .00          | .000          | .00  | .00         |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND E | XPENDITUR | ES MONTH-OF | F-PAYMENT RE  | PORT FOR JAN | 2004 THRU DEC | 2004 | PAGE 10,707 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL  |           |             |               |              |               |      | 03/14/05    |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FOR | MN - LOI  | NG TERM CAF | RE - FAMILIES | S DISCONTIN  | UED           |      |             |
|                              |                         |           |             |               |              | MONT          |      | ~=          |

|                              |                    | OR DAYS OF CARE |      |                     | PEF     | R UNIT/DAY     | PER ELIG   | ;   | USER      | F    | ELIGIBLE   |
|------------------------------|--------------------|-----------------|------|---------------------|---------|----------------|------------|-----|-----------|------|------------|
| @COMMUNITY HOSPITAL TOTAL    | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | \$   | .00        |
| COMM HOSP INPATIENT TOTAL    | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| HSC HOSPITALS                | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| NON-HSC HOSPITALS TOTAL      | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| ACCOMMODATIONS               | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| ADMINISTRATIVE DAYS          | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| TRANSITIONAL IP CARE         | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| ALL OTHER ACCOM              | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| ANCILLARIES                  | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| INPATIENT CROSSOVERS         | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| ALL OTHER INPATIENT          | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| COMM HOSP OUTPATIENT TOTAL   | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| MEDICAL                      | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| SURGERY                      | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| PATHOLOGY                    | 0                  | Ō               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| RADIOLOGY                    | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| ROOM USE                     | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| CROSSOVERS/ALL OTH OUTPINT   | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| @STATE HOSPITAL              | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | Ś    | .00        |
| MENTALLY ILL                 | Ő                  | 0               | т    | .00                 | τ       | .00            | .000       | Τ.  | .00       | Τ    | .00        |
| DEVELOP. DISABLED            | Õ                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| @NURSING FACILITY            | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | S    | .00        |
| LEV A-INTERMEDIATE           | 0                  | 0               | ۲    | .00                 | Y       | .00            | .000       | ٧   | .00       | Υ    | .00        |
| LEV B-REHAB MD               | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| LEV B-SUBACUTE FREESTANDING  | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| LEV B-REGULAR                | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| @INTERMEDIATE CARE FACILDD   | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | Ċ    | .00        |
| ICF DDH                      | 0                  | 0               | Ÿ    | .00                 | Ÿ       | .00            | .000       | Y   | .00       | Y    | .00        |
| ICF DD                       | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| ICF DDN/DDCN                 | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| @HEMODIALYSIS TOTAL          | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | Ś    | .00        |
| HOSPITAL BASED               | 0                  | 0               | ٧    | .00                 | Y       | .00            | .000       | Y   | .00       | Y    | .00        |
| HEMODIALYSIS CENTER          | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| @REHABILITATION FACILITY     | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | \$   | .00        |
| HOSPITAL BASED               | 0                  | 0               | ٧    | .00                 | Y       | .00            | .000       | Y   | .00       | Y    | .00        |
| INDEPENDENT FACILITY         | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| @LABORATORY FACILITY         | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | S    | .00        |
| PATHOLOGY                    | 0                  | 0               | ۲    | .00                 | Y       | .00            | .000       | ٧   | .00       | Υ    | .00        |
| XO AND OTHERS                | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 0                  | 0               | \$   | .00                 | \$      | .00            | .000       | \$  | .00       | \$   | .00        |
| CLINIC                       | 0                  | 0               | ۲    | .00                 | Ψ.      | .00            | .000       | ٧   | .00       | Υ    | .00        |
| SURGICENTER                  | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| HEROIN DETOX CLINIC          | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
| RURAL HEALTH CLINIC          | Õ                  | 0               |      | .00                 |         |                | .000       |     |           |      | .00        |
|                              |                    | ZND EXPENDITIE  | ES N | MONTH-OF-PAYMENT RE |         |                |            |     |           |      | AGE 10,708 |
|                              | FEE-FOR-SERVICE/I  |                 |      | HOWIN OF THIRDNE IX | 11 01(1 | 1 1010 01110 2 | .001 11110 | рцс | 2001      |      | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICE | ES FOR MN - LO  | NG 「 | TERM CARE - FAMILIE | ī.S     | DISCONTINU     | IED        |     |           |      | 03/11/00   |
|                              |                    |                 |      |                     | -       |                | M          | ONT | HLY AVERA | GE - |            |
| 00 ELIGIBLES                 | USERS (            | NITS OF SERVICE |      | EXPENDITURES        | AVE     |                |            |     |           |      | COST PER   |
|                              |                    | OR DAYS OF CARE |      |                     |         | R UNIT/DAY     |            |     |           |      | ELIGIBLE   |
| @ALL OTHER PROVIDERS         | 0                  |                 | \$   | .00                 | \$      | .00            |            |     | .00       |      | .00        |
| DURABLE MED. EQUIP.          | 0                  | 0               |      | .00                 | ,       | .00            | .000       |     | .00       |      | .00        |
| BLOOD BANK                   | 0                  | 0               |      | .00                 |         | .00            | .000       |     | .00       |      | .00        |
|                              |                    |                 |      |                     |         |                |            |     |           |      |            |

| HEARING AID DISPENSERS         | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
|--------------------------------|---|------|--------|-----|---------|--------|-----|
| MEDICAL TRANSPORTATION         | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| AMBULANCES/AIR TRANS           | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OTHER TRANS                    | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OTHER SERVICES                 | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ACUPUNCTURE                    | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ADULT DAY HEALTH CARE CTR      | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| GENETIC DISEASE TESTING        | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OCCUPATIONAL THERAPIST         | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OPTICIAN                       | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PHYSICAL THERAPIST             | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PORTABLE X-RAY                 | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PROSTHETIST/ORTHOTISTS         | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PROSTHETICS                    | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ORTHOTICS                      | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PSYCHOLOGIST                   | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| SPEECH AND AUDIOLOGY           | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| HOSPICE SERVICES               | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| NONINST BIRTHING CENTERS       | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| LOCAL EDUCATION AGENCIES       | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| RESPIRATORY CARE PRACT.        | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PED SUBACUTE REHAB/WEANING     | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ALL OTHER PROVIDERS            | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| @CALIF. CHILDREN SERVICES*     | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
|                                |   |      |        |     |         |        |     |

 $<sup>\</sup>ensuremath{\text{@*}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,709
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

| DOMMANT OF DER  | VICES FOR MIN LONG   | IDIM CAME IOIAL   |  |  |   |  |
|-----------------|--|---|--|--|---|--|
|                 |  |   |  | MON  | THLY AVERA  | GE   |
| USERS           | UNITS OF SERVICE   | EXPENDITURES  | AVERAGE COST                                   | UNITS/DAYS                                     | COST PER  | COST PER                                       |
|                 | OR DAYS OF CARE  |   | PER UNIT/DAY                                   | PER ELIG                                       | USER  | ELIGIBLE                                       |
| 27 <b>,</b> 733 | 1,466,637 \$   | 86,643,390.98   | \$ 59.08                                       | 55.070 \$                                      | 3124.20   | \$ 3253.36                                     |
| 3,405           | 8,098 \$   | 176,072.74  | \$ 21.74                                       | .304 \$  | 51.71   | \$ 6.61  |
| 108             | 136  | 7,931.33  | 58.32  | .005   | 73.44   | .30  |
| 38              | 42   | 1,417.20  | 33.74  | .002   | 37.29   | .05  |
| 9               | 12   | 411.60  | 34.30  | .000   | 45.73   | .02  |
| 61              | 79   | 6,023.09  | 76.24  | .003   | 98.74   | .23  |
| 0               | 0  | .00   | .00  | .000   | .00   | .00  |
| 0               | 0  | .00   | .00  | .000   | .00   | .00  |
| 3               | 3  | 79.44   | 26.48  | .000   | 26.48   | .00  |
| 478             | 1,668  | 57 <b>,</b> 361.99  | 34.39  | .063   | 120.00  | 2.15   |
| 96              | 821  | 30,797.45   | 37.51  | .031   | 320.81  | 1.16   |
| 10              | 23   | 2,644.80  | 114.99   | .001   | 264.48  | .10  |
| 416             | 824  | 23,919.74   | 29.03  | .031   | 57.50   | .90  |
| 20              | 25   | 841.69  | 33.67  | .001   | 42.08   | .03  |
| 20              | 25   | 841.69  | 33.67  | .001   | 42.08   | .03  |
| 0               | 0  | .00   | .00  | .000   | .00   | .00  |
| 44              | 124  | 10,583.42   | 85.35  | .005   | 240.53  | .40  |
| 41              | 61   | 8,961.48  | 146.91   | .002   | 218.57  | .34  |
| 0               | 0  | .00   | .00  | .000   | .00   | .00  |
| 7               | 63   | 1,621.94  | 25.75  | .002   | 231.71  | .06  |
|                 | USERS  27,733 3,405 108 38 9 61 0 3 478 96 10 416 20 20 0 44 | USERS UNITS OF SERVICE OR DAYS OF CARE  27,733 1,466,637 \$ 3,405 8,098 \$ 108 136 38 42 9 12 61 79 0 0 0 0 0 3 3 3 478 1,668 96 821 10 23 416 824 20 25 20 25 0 0 44 124 41 61 0 0 | USERS UNITS OF SERVICE OR DAYS OF CARE  27,733 | USERS UNITS OF SERVICE OR DAYS OF CARE  27,733 | USERS UNITS OF SERVICE OR DAYS OF CARE  27,733  1,466,637 \$ 86,643,390.98 \$ 59.08 55.070 \$ 3,405 8,098 \$ 176,072.74 \$ 21.74 .304 \$ 108 136 7,931.33 58.32 .005 38 42 1,417.20 33.74 .002 9 12 411.60 34.30 .000 61 79 6,023.09 76.24 .003 0 0 0 .00 .000 .000 0 0 0 0 0 0 0 | USERS UNITS OF SERVICE OR DAYS OF CARE  27,733 |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT SURGERY         | 78                    | 266        |        | 12,039.95    | ,      | 45.26   | .010      |     | 154.36 |    | .45        |
|----------------------------|-----------------------|------------|--------|--------------|--------|---------|-----------|-----|--------|----|------------|
| PRINCIPAL SURGEON          | 30                    | 34         |        | 4,233.96     | )      | 124.53  | .001      |     | 141.13 |    | .16        |
| ASSISTANT SURGEON          | 0                     | 0          |        | .00          | )      | .00     | .000      |     | .00    |    | .00        |
| ANESTHESIOLOGIST           | 48                    | 232        |        | 7,805.99     | )      | 33.65   | .009      |     | 162.62 |    | .29        |
| DIALYSIS                   | 5                     | 27         |        | 1,513.78     | }      | 56.07   | .001      |     | 302.76 |    | .06        |
| PATHOLOGY                  | 15                    | 71         |        | 481.18       | }      | 6.78    | .003      |     | 32.08  |    | .02        |
| RADIOLOGY                  | 155                   | 527        |        | 12,142.28    | }      | 23.04   | .020      |     | 78.34  |    | .46        |
| PSYCHIATRY                 | 1                     | 1          |        | 73.29        | )      | 73.29   | .000      |     | 73.29  |    | .00        |
| IMMUNIZATION AND INJECTION | 2                     | 5          |        | 10.15        | •      | 2.03    | .000      |     | 5.08   |    | .00        |
| OTHER SERVICES/ALL X-OVERS | 2,855                 | 5,248      |        | 73,093.68    | }      | 13.93   | .197      |     | 25.60  |    | 2.74       |
| @PHARMACY                  | 20,501                | 415,519 \$ | \$     | 8,339,818.88 | \$     | 20.07   | 15.602    | \$  | 406.80 | \$ | 313.15     |
| PRESCRIPTION DRUGS         | 20,355                | 151,170    |        | 8,149,906.46 |        | 53.91   | 5.676     |     | 400.39 |    | 306.02     |
| SNF/ICF                    | 19,030                | 141,981    |        | 7,794,674.18 | }      | 54.90   | 5.331     |     | 409.60 |    | 292.68     |
| OUTPATIENTS                | 1,592                 | 9,189      |        | 355,232.28   | }      | 38.66   | .345      |     | 223.14 |    | 13.34      |
| MEDICAL SUPPLIES           | 1,229                 | 264,349    |        | 189,912.42   |        | .72     | 9.926     |     | 154.53 |    | 7.13       |
| @DENTIST                   | 1,732                 | - , · ·    | \$     | 229,543.60   | \$     | 45.15   | .191      | \$  | 132.53 | \$ | 8.62       |
| VISITS - DIAGNOSTIC        | 1,525                 | 3,718      |        | 72,231.05    | ,      | 19.43   | .140      |     | 47.36  |    | 2.71       |
| ORAL SURGERY               | 136                   | 419        |        | 17,494.00    | 1      | 41.75   | .016      |     | 128.63 |    | .66        |
| DRUGS                      | 0                     | 0          |        | .00          | 1      | .00     | .000      |     | .00    |    | .00        |
| ANESTHESIA                 | 0                     | 0          |        | .00          | 1      | .00     | .000      |     | .00    |    | .00        |
| PERIODONTICS               | 124                   | 137        |        | 23,358.00    | 1      | 170.50  | .005      |     | 188.37 |    | .88        |
| ENDODONTICS                | 2                     | 2          |        | 515.00       | 1      | 257.50  | .000      |     | 257.50 |    | .02        |
| RESTORATIVE DENTISTRY      | 62                    | 163        |        | 8,695.95     | ,      | 53.35   | .006      |     | 140.26 |    | .33        |
| PROSTHETICS                | 0                     | 0          |        | .00          |        | .00     | .000      |     | .00    |    | .00        |
| DENTURES, STAYPLATES       | 210                   | 597        |        | 107,249.60   | 1      | 179.65  | .022      |     | 510.71 |    | 4.03       |
| SPACE MAINTAINERS          | 0                     | 0          |        | .00          |        | .00     | .000      |     | .00    |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                     | 0          |        | .00          | 1      | .00     | .000      |     | .00    |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                     | 0          |        | .00          | 1      | .00     | .000      |     | .00    |    | .00        |
| ORTHODONTIC SERVICES       | 0                     | 0          |        | .00          | 1      | .00     | .000      |     | .00    |    | .00        |
| ALL OTHER SERVICES         | 18                    | 48         |        | .00          |        | .00     | .002      |     | .00    |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND |            | INOM 8 | H-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC | 2004   | PΙ | AGE 10,710 |
| MOP024                     | FEE-FOR-SERVICE/DENTA | Ĺ          |        |              |        |         |           |     |        |    | 03/14/05   |

| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR MN - LON | NG TE | ERM CARE - TOTAL |        |            | MC   | NT/IT | ממתא אוווי | C E |          |
|------------------------------|-----------------|-------------------|-------|------------------|--------|------------|------|-------|------------|-----|----------|
| 26,632 ELIGIBLES             | USERS           | UNITS OF SERVICE  |       | EXPENDITURES     | 7/ 7/7 | ERAGE COST | MC   |       | COST PER   | .GE | COST PER |
| 20,032 EDIGIBLES             | CNICO           | OR DAYS OF CARE   |       | EXFENDITORES     |        | R UNIT/DAY |      | )     | USER       |     | ELIGIBLE |
| @OPTOMETRIST                 | 306             | 701               | \$    | 12,656.14        | \$     | 18.05      | .026 | Ś     | 41.36      | Ś   |          |
| DIAGNOSTIC AND ANC. PROCED   | 115             | 138               | т     | 2,943.18         | Τ.     | 21.33      | .005 | Τ.    | 25.59      | т   | .11      |
| EYE APPLIANCES               | 195             | 559               |       | 9,354.68         |        | 16.73      | .021 |       | 47.97      |     | .35      |
| OTHER OPTOMETRIC SERVICES    | 9               | 4                 |       | 358.28           |        | 89.57      | .000 |       | 39.81      |     | .01      |
| @CHIROPRACTOR                | 1               | 1                 | \$    | 16.72            | \$     | 16.72      | .000 | Ś     | 16.72      | Ś   | .00      |
| VISITS                       | 0               | 0                 | 7     | .00              | т.     | .00        | .000 | т     | .00        | т   | .00      |
| OTHER SERVICES               | 1               | 1                 |       | 16.72            |        | 16.72      | .000 |       | 16.72      |     | .00      |
| @PODIATRIST                  | 2,432           | 2,867             | \$    | 21,348.35        | \$     | 7.45       | .108 | Ś     |            | \$  | .80      |
| MEDICINE/INJECTIONS          | 8               | 8                 | 7     | 192.00           | т.     | 24.00      | .000 | т     | 24.00      | т   | .01      |
| SURGERY/ANES.                | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| RADIO./PATHOLOGY             | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| OTHER                        | 2,424           | 2,859             |       | 21,156.35        |        | 7.40       | .107 |       | 8.73       |     | .79      |
| @HOME HEALTH AGENCY          | , 5             | 44                | \$    | 3,215.63         | \$     | 73.08      |      | \$    |            | \$  | .12      |
| NURSE ANESTHESIST            | 10              | 108               | \$    | 566.53           | \$     | 5.25       |      | \$    | 56.65      | \$  | .02      |
| NURSE MIDWIFE                | 1               | 7                 | S     | 24.53            | \$     | 3.50       |      | \$    | 24.53      | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | 1               | 1                 | \$    | 27.50            | \$     | 27.50      |      | \$    | 27.50      | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 11              | 14                | \$    | 401.89           | \$     | 28.71      |      | \$    | 36.54      | \$  | .02      |
| @TOTAL HOSPITAL              | 1,015           | 7,836             | \$    | 1,462,119.39     | \$     | 186.59     |      |       | 1440.51    | \$  | 54.90    |
| HOSP INPATIENT TOTAL         | 226             | 1,109             | •     | 1,368,442.18     |        | 1233.94    | .042 |       | 6055.05    |     | 51.38    |
| HSC HOSPITALS                | 67              | 689               |       | 848,986.36       |        | 1232.20    | .026 |       | 12671.44   |     | 31.88    |
| NON-HSC HOSPITAL TOTAL       | 26              | 420               |       | 401,304.51       |        | 955.49     | .016 |       | 15434.79   |     | 15.07    |
| ACCOMMODATIONS               | 26              | 420               |       | 222,491.13       |        | 529.74     | .016 |       | 8557.35    |     | 8.35     |
| ADMINISTRATIVE DAYS          | 2               | 9                 |       | 2,002.58         |        | 222.51     | .000 |       | 1001.29    |     | .08      |
| TRANSITIONAL IP CARE         | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| ALL OTHER ACCOM              | 25              | 411               |       | 220,488.55       |        | 536.47     | .015 |       | 8819.54    |     | 8.28     |
| ANCILLARIES                  | 25              | 0                 |       | 178,813.38       |        | .00        | .000 |       | 7152.54    |     | 6.71     |
| INPATIENT CROSSOVERS         | 145             | 0                 |       | 118,151.31       |        | .00        | .000 |       | 814.84     |     | 4.44     |
| ALL OTHER INPATIENT          | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| HOSP OUTPATIENT TOTAL        | 837             | 6,727             |       | 93,677.21        |        | 13.93      | .253 |       | 111.92     |     | 3.52     |
| MEDICAL                      | 28              | 46                |       | 1,913.74         |        | 41.60      | .002 |       | 68.35      |     | .07      |
| SURGERY                      | 24              | 26                |       | 1,270.42         |        | 48.86      | .001 |       | 52.93      |     | .05      |
| PATHOLOGY                    | 239             | 1,061             |       | 11,531.47        |        | 10.87      | .040 |       | 48.25      |     | .43      |
| RADIOLOGY                    | 41              | 63                |       | 3,473.95         |        | 55.14      | .002 |       | 84.73      |     | .13      |
| ROOM USE                     | 57              | 87                |       | 4,321.72         |        | 49.67      | .003 |       | 75.82      |     | .16      |
| CROSSOVERS/ALL OTH OUTPINT   | 600             | 5,444             |       | 71,165.91        |        | 13.07      | .204 |       | 118.61     |     | 2.67     |
| @COUNTY HOSPITAL TOTAL       | 15              | 99                | \$    | 57,690.44        | \$     | 582.73     | .004 | \$    | 3846.03    | \$  | 2.17     |
| CO HOSPITAL INPATIENT TOTAL  | 9               | 75                |       | 57,445.84        |        | 765.94     | .003 |       | 6382.87    |     | 2.16     |
| HSC HOSPITALS                | 7               | 71                |       | 54,289.10        |        | 764.64     | .003 |       | 7755.59    |     | 2.04     |
| NON-HSC HOSPITALS TOTAL      | 1               | 4                 |       | 1,440.74         |        | 360.19     | .000 |       | 1440.74    |     | .05      |
| ACCOMMODATIONS               | 1               | 4                 |       | 925.20           |        | 231.30     | .000 |       | 925.20     |     | .03      |
| ADMINISTRATIVE DAYS          | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| TRANSITIONAL IP CARE         | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| ALL OTHER ACCOM              | 1               | 4                 |       | 925.20           |        | 231.30     | .000 |       | 925.20     |     | .03      |
| ANCILLARIES                  | 1               | 0                 |       | 515.54           |        | .00        | .000 |       | 515.54     |     | .02      |
| INPATIENT CROSSOVERS         | 2               | 0                 |       | 1,716.00         |        | .00        | .000 |       | 858.00     |     | .06      |
| ALL OTHER INPATIENT          | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| CO HOSP OUTPATIENT TOTAL     | 7               | 24                |       | 244.60           |        | 10.19      | .001 |       | 34.94      |     | .01      |
| MEDICAL                      | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| SURGERY                      | 0               | 0                 |       | .00              |        | .00        | .000 |       | .00        |     | .00      |
| PATHOLOGY                    | 1               | 2                 |       | 27.59            |        | 13.80      | .000 |       | 27.59      |     | .00      |
| RADIOLOGY                    | 1               | 1                 |       | 48.41            |        | 48.41      | .000 |       | 48.41      |     | .00      |
| ROOM USE                     | 1               | 1                 |       | 52.23            |        | 52.23      | .000 |       | 52.23      |     | .00      |

CROSSOVERS/ALL OTH OUTPTNT 6 20 116.37 5.82 .001 19.40 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,711

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

| SACRAMENTO COUNTI            | SUMMARI OF SERVICE          | 12 FOK MM - TO   | JING     | IERM CARE - IOIAL   |          |         | _         |     |           |          |             |
|------------------------------|-----------------------------|------------------|----------|---------------------|----------|---------|-----------|-----|-----------|----------|-------------|
| 06 600 =======               |                             |                  | _        |                     |          |         |           |     | HLY AVERA |          |             |
| 26,632 ELIGIBLES             |                             | IITS OF SERVICE  |          | EXPENDITURES        |          |         | UNITS/DAY |     | COST PER  |          | COST PER    |
| 0.000                        | 1 225                       | R DAYS OF CAR    |          | 1 404 400 05        |          |         | PER ELIC  |     | USER      |          | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL    | 1,005                       | 7,737            | \$       | 1,404,428.95        |          | 181.52  |           | Ş   | 1397.44   | Ş        | 52.73       |
| COMM HOSP INPATIENT TOTAL    | 219                         | 1,034            |          | 1,310,996.34        |          | 1267.89 | .039      |     | 5986.28   |          | 49.23       |
| HSC HOSPITALS                | 62                          | 618              |          | 794,697.26          |          | 1285.92 | .023      |     | 12817.70  |          | 29.84       |
| NON-HSC HOSPITALS TOTAL      | 25                          | 416              |          | 399 <b>,</b> 863.77 |          | 961.21  | .016      |     | 15994.55  |          | 15.01       |
| ACCOMMODATIONS               | 25                          | 416              |          | 221,565.93          |          | 532.61  | .016      |     | 8862.64   |          | 8.32        |
| ADMINISTRATIVE DAYS          | 2                           | 9                |          | 2,002.58            |          | 222.51  | .000      |     | 1001.29   |          | .08         |
| TRANSITIONAL IP CARE         | 0                           | 0                |          | .00                 |          | .00     | .000      |     | .00       |          | .00         |
| ALL OTHER ACCOM              | 24                          | 407              |          | 219,563.35          |          | 539.47  | .015      |     | 9148.47   |          | 8.24        |
| ANCILLARIES                  | 24                          | 0                |          | 178,297.84          |          | .00     | .000      |     | 7429.08   |          | 6.69        |
| INPATIENT CROSSOVERS         | 143                         | 0                |          | 116,435.31          |          | .00     | .000      |     | 814.23    |          | 4.37        |
| ALL OTHER INPATIENT          | 0                           | 0                |          | .00                 |          | .00     | .000      |     | .00       |          | .00         |
| COMM HOSP OUTPATIENT TOTAL   | 831                         | 6,703            |          | 93,432.61           |          | 13.94   | .252      |     | 112.43    |          | 3.51        |
| MEDICAL                      | 28                          | 46               |          | 1,913.74            |          | 41.60   | .002      |     | 68.35     |          | .07         |
| SURGERY                      | 24                          | 26               |          | 1,270.42            |          | 48.86   | .001      |     | 52.93     |          | .05         |
| PATHOLOGY                    | 238                         | 1,059            |          | 11,503.88           |          | 10.86   | .040      |     | 48.34     |          | .43         |
| RADIOLOGY                    | 40                          | 62               |          | 3,425.54            |          | 55.25   | .002      |     | 85.64     |          | .13         |
| ROOM USE                     | 56                          | 86               |          | 4,269.49            |          | 49.65   | .002      |     | 76.24     |          | .16         |
| CROSSOVERS/ALL OTH OUTPINT   |                             | 5,424            |          | 71,049.54           |          | 13.10   | .204      |     | 119.41    |          | 2.67        |
|                              | 8                           | 167              | ċ        |                     | \$       | 574.49  |           | ċ   |           | ċ        | 3.60        |
| @STATE HOSPITAL              | 8<br>6                      |                  | \$       | 95,940.37           | Ą        |         | .006      | Þ   | 11992.55  | Þ        |             |
| MENTALLY ILL                 | -                           | 0                |          | 4,206.90            |          | .00     | .000      |     | 701.15    |          | .16         |
| DEVELOP. DISABLED            | 2                           | 167              | <u> </u> | 91,733.47           | <u> </u> | 549.30  | .006      |     | 45866.74  | <u> </u> | 3.44        |
| @NURSING FACILITY            | 21,343                      | 684,222          | \$       | 70,621,729.95       | \$       | 103.21  | 25.692    | \$  | 3308.89   | \$       | 2651.76     |
| LEV A-INTERMEDIATE           | 501                         | 16,374           |          | 973,002.19          |          | 59.42   | .615      |     | 1942.12   |          | 36.54       |
| LEV B-REHAB MD               | 330                         | 11,037           |          | 1,115,365.82        |          | 101.06  | .414      |     | 3379.90   |          | 41.88       |
| LEV B-SUBACUTE FREESTANDING  |                             | 55               |          | 19,781.28           |          | 359.66  | .002      |     | 9890.64   |          | .74         |
| LEV B-SUBACUTE HSPTL BASED   | 144                         | 5,217            |          | 2,777,668.73        |          | 532.43  | .196      |     | 19289.37  |          | 104.30      |
| LEV B-TRANSITIONAL IP CARE   | 0                           | 0                |          | .00                 |          | .00     | .000      |     | .00       |          | .00         |
| LEV B-REGULAR                | 20,393                      | 651 <b>,</b> 539 |          | 65,735,911.93       |          | 100.89  | 24.465    |     | 3223.45   |          | 2468.31     |
| @INTERMEDIATE CARE FACILDD   | 976                         | 30,030           | \$       | 4,325,807.52        | \$       | 144.05  | 1.128     | \$  | 4432.18   | \$       | 162.43      |
| ICF DDH                      | 576                         | 17 <b>,</b> 986  |          | 2,695,571.85        |          | 149.87  | .675      |     | 4679.81   |          | 101.22      |
| ICF DD                       | 323                         | 9,717            |          | 1,212,785.00        |          | 124.81  | .365      |     | 3754.75   |          | 45.54       |
| ICF DDN/DDCN                 | 77                          | 2,327            |          | 417,450.67          |          | 179.39  | .087      |     | 5421.44   |          | 15.67       |
| @HEMODIALYSIS TOTAL          | 91                          | 164              | \$       | 59,695.57           | \$       | 364.00  | .006      | \$  | 656.00    | \$       | 2.24        |
| HOSPITAL BASED               | 576<br>323<br>77<br>91<br>1 | 9                |          | 1,777.59            |          | 197.51  | .000      |     | 1777.59   |          | .07         |
| HEMODIALYSIS CENTER          | 90                          | 155              |          | 57,917.98           |          | 373.66  | .006      |     | 643.53    |          | 2.17        |
| @REHABILITATION FACILITY     | 0                           | 0                | \$       | .00                 | \$       | .00     | .000      | \$  | .00       | \$       | .00         |
| HOSPITAL BASED               | 0                           | 0                |          | .00                 |          | .00     | .000      |     | .00       | ·        | .00         |
| INDEPENDENT FACILITY         | 0                           | 0                |          | .00                 |          | .00     | .000      |     | .00       |          | .00         |
| @LABORATORY FACILITY         | 114                         | 531              | \$       | 4,266.50            | \$       | 8.03    | .020      | \$  | 37.43     | Ś        | .16         |
| PATHOLOGY                    | 99                          | 476              | Τ.       | 4,169.67            | Ψ        | 8.76    | .018      | т   | 42.12     | т        | .16         |
| XO AND OTHERS                | 15                          | 55               |          | 96.83               |          | 1.76    | .002      |     | 6.46      |          | .00         |
| @ORGANIZED OUTPATIENT CLINIC | 13                          | 38               | \$       | 2,491.16            | \$       | 65.56   | .001      | \$  |           | \$       | .09         |
| CLINIC CLINIC                | 1                           | 2                | Y        | 40.63               | Y        | 20.32   | .000      | ٧   | 40.63     | ٧        | .00         |
| SURGICENTER                  | 3                           | 13               |          | 652.93              |          | 50.23   | .000      |     | 217.64    |          | .02         |
|                              | 0                           | 0                |          |                     |          |         |           |     | .00       |          | .00         |
| HEROIN DETOX CLINIC          |                             |                  |          | .00                 |          | .00     | .000      |     |           |          |             |
| RURAL HEALTH CLINIC          | MEDI CAI CEDVICES           | 23               | ) E C    | 1,797.60            |          | 78.16   | .001      | D=~ | 199.73    | _        | .07         |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES           |                  | KES      | MONTH-OF-PAYMENT F  | KL POKT  | ruk JAN | ZUU4 THKU | DEC | . 2004    | F        | PAGE 10,712 |
| MOPO24                       | FEE-FOR-SERVICE/DE          |                  | 227      | menu cane more      |          |         |           |     |           |          | 03/14/05    |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICE          | SFOR MN - LO     | JNG      | TERM CARE - TOTAL   |          |         |           |     |           |          |             |

| 26,632 ELIGIBLES               | USERS | UNITS OF SERVIC | EXPENDITURES        | AVERAGE COST |        |           | COST PER |
|--------------------------------|-------|-----------------|---------------------|--------------|--------|-----------|----------|
|                                |       | OR DAYS OF CAR  |                     | PER UNIT/DAY |        | USER      | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 4,810 | 311,205         | \$<br>              |              | 11.685 |           | •        |
| DURABLE MED. EQUIP.            | 599   | 6,886           | 386 <b>,</b> 921.83 | 56.19        |        |           |          |
| BLOOD BANK                     | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| HEARING AID DISPENSERS         | 10    | 10              | 3,104.20            | 310.42       | .000   | 310.42    | .12      |
| MEDICAL TRANSPORTATION         | 2,075 | 80 <b>,</b> 809 | 297,431.59          |              | 3.034  | 143.34    |          |
| AMBULANCES/AIR TRANS           | 214   | 1,660           | 26,475.74           | 15.95        | .062   | 123.72    | .99      |
| OTHER TRANS                    | 1,816 | 78 <b>,</b> 473 | 269,058.54          | 3.43         | 2.947  | 148.16    | 10.10    |
| OTHER SERVICES                 | 120   | 676             | 1,897.31            | 2.81         | .025   | 15.81     | .07      |
| ACUPUNCTURE                    | 3     | 11              | 189.23              | 17.20        | .000   | 63.08     | .01      |
| ADULT DAY HEALTH CARE CTR      | 1     | 7               | 487.06              | 69.58        | .000   | 487.06    | .02      |
| GENETIC DISEASE TESTING        | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| OCCUPATIONAL THERAPIST         | 1     | 46              | 145.03              | 3.15         | .002   | 145.03    | .01      |
| OPTICIAN                       | 193   | 408             | 5,070.46            | 12.43        | .015   | 26.27     | .19      |
| PHYSICAL THERAPIST             | 1     | 1               | 77.84               | 77.84        | .000   | 77.84     | .00      |
| PORTABLE X-RAY                 | 397   | 723             | 2,391.73            | 3.31         | .027   | 6.02      | .09      |
| PROSTHETIST/ORTHOTISTS         | 7     | 12              | 456.66              | 38.06        | .000   | 65.24     | .02      |
| PROSTHETICS                    | 7     | 12              | 456.66              | 38.06        | .000   | 65.24     | .02      |
| ORTHOTICS                      | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| PSYCHOLOGIST                   | 36    | 41              | 868.05              | 21.17        | .002   | 24.11     | .03      |
| SPEECH AND AUDIOLOGY           | 841   | 2 <b>,</b> 755  | 117,413.28          | 42.62        | .103   | 139.61    | 4.41     |
| HOSPICE SERVICES               | 118   | 3 <b>,</b> 519  | 374,979.01          | 106.56       | .132   | 3177.79   | 14.08    |
| NONINST BIRTHING CENTERS       | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| LOCAL EDUCATION AGENCIES       | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| RESPIRATORY CARE PRACT.        | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0               | .00                 | .00          | .000   | .00       | .00      |
| ALL OTHER PROVIDERS            | 1,117 | 215,977         | 98,112.04           | .45          | 8.110  | 87.84     | 3.68     |
| @CALIF. CHILDREN SERVICES*     | 0     | 0               | \$<br>.00           | \$ .00       | .000   | \$ .00    | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**  | ,     |                 | \$                  | \$ 4.16      | 12.569 | \$ 189.30 | \$ 52.23 |

----- MONTHLY AVERAGE -----

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,713 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

| DOMINICI OF DELC | VICED FOR HEDICA   | ייי דעע  | 11010   |  |  |   |  |  |
|------------------|--|--|---|--|--|---|--|--|
|                  |  |  |   |  | MO   | NTHLY AVERA   | GE ·   |  |
| USERS            | UNITS OF SERVIC  | E  | EXPENDITURES  | AVERAGE COST   | UNITS/DAYS   | COST PER  | (  | COST PER                                       |
|                  | OR DAYS OF CAR   | E  |   | PER UNIT/DAY   | PER ELIG   | USER  | ]  | ELIGIBLE                                       |
| 62 <b>,</b> 669  | 2,604,052  | \$   | 85,634,549.87   | \$ 32.89   | 34.256   | \$ 1366.46  | \$   | 1126.52  |
| 12,453           | 38 <b>,</b> 739  | \$   | 1,337,958.06  | \$ 34.54   | .510   | \$ 107.44   | \$   | 17.60  |
| 4,486            | 6 <b>,</b> 315   |  | 225,544.50  | 35.72  | .083   | 50.28   |  | 2.97   |
| 3,996            | 5,551  |  | 179,794.57  | 32.39  | .073   | 44.99   |  | 2.37   |
| 1                | 1  |  | 51.60   | 51.60  | .000   | 51.60   |  | .00  |
| 495              | 543  |  | 40,334.48   | 74.28  | .007   | 81.48   |  | .53  |
| 0                | 0  |  | .00   | .00  | .000   | .00   |  | .00  |
| 0                | 0  |  | .00   | .00  | .000   | .00   |  | .00  |
| 174              | 220  |  | 5,363.85  | 24.38  | .003   | 30.83   |  | .07  |
| 535              | 2,401  |  | 102,747.30  | 42.79  | .032   | 192.05  |  | 1.35   |
| 408              | 2,090  |  | 89,441.97   | 42.80  | .027   | 219.22  |  | 1.18   |
| 21               | 50   |  | 5,593.60  | 111.87   | .001   | 266.36  |  | .07  |
| 144              | 261  |  | 7,711.73  | 29.55  | .003   | 53.55   |  | .10  |
| 366              | 487  |  | 19,044.92   | 39.11  | .006   | 52.04   |  | .25  |
|                  | USERS 62,669 12,453 4,486 3,996 1 495 0 174 535 408 21 144 | USERS UNITS OF SERVICE OR DAYS OF CAR 62,669 2,604,052 12,453 38,739 4,486 6,315 3,996 5,551 1 1 495 543 0 0 0 0 174 220 535 2,401 408 2,090 21 50 144 261 | USERS UNITS OF SERVICE OR DAYS OF CARE 62,669 2,604,052 \$ 12,453 38,739 \$ 4,486 6,315 3,996 5,551 1 1 1 495 543 0 0 0 174 220 535 2,401 408 2,090 21 50 144 261 | USERS UNITS OF SERVICE OR DAYS OF CARE  62,669 2,604,052 \$ 85,634,549.87  12,453 38,739 \$ 1,337,958.06  4,486 6,315 225,544.50  3,996 5,551 179,794.57  1 1 51.60  495 543 40,334.48  0 0 0 0 0 174 220 5,363.85  535 2,401 102,747.30  408 2,090 89,441.97 21 50 5,593.60  144 261 7,711.73 | USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 12,453 38,739 12,453 38,739 1 1 225,544.50 35.72 3,996 5,551 179,794.57 32.39 1 1 51.60 495 543 0 0 .00 0 .00 174 220 5,363.85 2,401 102,747.30 42.79 408 21 50 5,593.60 111.87 144 2261 7,711.73 29.55 | USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 62,669 2,604,052 \$ 85,634,549.87 \$ 32.89 34.256 12,453 38,739 \$ 1,337,958.06 \$ 34.54 .510 4,486 6,315 225,544.50 35.72 .083 3,996 5,551 179,794.57 32.39 .073 1 1 51.60 51.60 .000 495 543 40,334.48 74.28 .007 0 0 .00 .00 .000 174 220 5,363.85 24.38 .003 535 2,401 102,747.30 42.79 .032 408 2,090 89,441.97 42.80 .027 21 50 5,593.60 111.87 .001 144 261 7,711.73 29.55 .003 | USERS UNITS OF SERVICE OR DAYS OF CARE  62,669 | USERS UNITS OF SERVICE OR DAYS OF CARE  62,669 |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS               | 355             | 473               |       | 18,677.88            |            | 39.49     | .006       |      | 52.61     |    | .25         |
|----------------------------|-----------------|-------------------|-------|----------------------|------------|-----------|------------|------|-----------|----|-------------|
| SERVICES AND MATERIALS     | 14              | 14                |       | 367.04               |            | 26.22     | .000       |      | 26.22     |    | .00         |
| INPATIENT HOSPITAL SURGERY | 220             | 1,265             |       | 134,745.79           |            | 106.52    | .017       |      | 612.48    |    | 1.77        |
| PRINCIPAL SURGEON          | 166             | 269               |       | 104,409.77           |            | 388.14    | .004       |      | 628.97    |    | 1.37        |
| ASSISTANT SURGEON          | 31              | 31                |       | 7,901.62             |            | 254.89    | .000       |      | 254.89    |    | .10         |
| ANESTHESIOLOGIST           | 76              | 965               |       | 22,434.40            |            | 23.25     | .013       |      | 295.19    |    | .30         |
| OUTPATIENT SURGERY         | 538             | 1,316             |       | 200,722.14           |            | 152.52    | .017       |      | 373.09    |    | 2.64        |
| PRINCIPAL SURGEON          | 452             | 585               |       | 179,288.81           |            | 306.48    | .008       |      | 396.66    |    | 2.36        |
| ASSISTANT SURGEON          | 7               | 7                 |       | 1,316.10             |            | 188.01    | .000       |      | 188.01    |    | .02         |
| ANESTHESIOLOGIST           | 144             | 724               |       | 20,117.23            |            | 27.79     | .010       |      | 139.70    |    | .26         |
| DIALYSIS                   | 71              | 390               |       | 24,249.69            |            | 62.18     | .005       |      | 341.54    |    | .32         |
| PATHOLOGY                  | 639             | 1,620             |       | 17,143.92            |            | 10.58     | .021       |      | 26.83     |    | .23         |
| RADIOLOGY                  | 1,702           | 3,891             |       | 178,596.07           |            | 45.90     | .051       |      | 104.93    |    | 2.35        |
| PSYCHIATRY                 | , 0             | 0                 |       | .00                  |            | .00       | .000       |      | .00       |    | .00         |
| IMMUNIZATION AND INJECTION | 261             | 2,205             |       | 59,479.39            |            | 26.97     | .029       |      | 227.89    |    | .78         |
| OTHER SERVICES/ALL X-OVERS | 7,611           | 18,849            |       | 375,684.34           |            | 19.93     | .248       |      | 49.36     |    | 4.94        |
| @PHARMACY                  | 48,449          | 1,199,369         | \$    | 14,031,581.58        | \$         | 11.70     | 15.778     | Ś    | 289.62    | Ś  | 184.58      |
| PRESCRIPTION DRUGS         | 47,735          | 256,364           | т.    | 13,611,178.22        | -          | 53.09     | 3.372      | -1   | 285.14    | -  | 179.05      |
| SNF/ICF                    | 17,249          | 125,461           |       | 6,318,970.86         |            | 50.37     | 1.650      |      | 366.34    |    | 83.13       |
| OUTPATIENTS                | 30,923          | 130,903           |       | 7,292,207.36         |            | 55.71     | 1.722      |      | 235.82    |    | 95.93       |
| MEDICAL SUPPLIES           | 3,906           | 943,005           |       | 420,403.36           |            | .45       | 12.405     |      | 107.63    |    | 5.53        |
| @DENTIST                   | 3,624           | 13,429            | \$    | 600,769.00           | \$         | 44.74     | .177       | Ś    | 165.78    | Ś  | 7.90        |
| VISITS - DIAGNOSTIC        | 2,658           | 8,529             | т.    | 126,133.25           | 7          | 14.79     | .112       | -1   | 47.45     | т. | 1.66        |
| ORAL SURGERY               | 542             | 1,711             |       | 77,604.50            |            | 45.36     | .023       |      | 143.18    |    | 1.02        |
| DRUGS                      | 4               | 4                 |       | 65.00                |            | 16.25     | .000       |      | 16.25     |    | .00         |
| ANESTHESIA                 | 4               | 5                 |       | 300.00               |            | 60.00     | .000       |      | 75.00     |    | .00         |
| PERIODONTICS               | 190             | 193               |       | 26,947.60            |            | 139.62    | .003       |      | 141.83    |    | .35         |
| ENDODONTICS                | 74              | 102               |       | 21,915.25            |            | 214.86    | .001       |      | 296.15    |    | .29         |
| RESTORATIVE DENTISTRY      | 403             | 911               |       | 59,291.05            |            | 65.08     | .012       |      | 147.12    |    | .78         |
| PROSTHETICS                | 30              | 32                |       | 1,088.50             |            | 34.02     | .000       |      | 36.28     |    | .01         |
| DENTURES, STAYPLATES       | 669             | 1,804             |       | 285,803.85           |            | 158.43    | .024       |      | 427.21    |    | 3.76        |
| SPACE MAINTAINERS          | 0               | 1,004             |       | .00                  |            | .00       | .000       |      | .00       |    | .00         |
| MAXILLOFACIAL SERVICES     | 0               | 0                 |       | .00                  |            | .00       | .000       |      | .00       |    | .00         |
| FRACTURES, DISLOCATIONS    | 1               | 2                 |       | 1,350.00             |            | 675.00    | .000       |      | 1350.00   |    | .02         |
| ORTHODONTIC SERVICES       | 0               | 0                 |       | .00                  |            | .00       | .000       |      | .00       |    | .00         |
| ALL OTHER SERVICES         | 55              | 136               |       | 270.00               |            | 1.99      | .002       |      | 4.91      |    | .00         |
| #CALIF DEPT OF HEALTH SERV |                 |                   | ו סם  | MONTH-OF-PAYMENT RE  | יח ס ∩ סיד |           |            | DEC  |           | Т  | PAGE 10,714 |
| MOP024                     | FEE-FOR-SERVICE |                   | 1 CH  | MONIII OF FAIMENT RE | PLOKI      | FOR UAN . | 2004 IIIKO | טייכ | 2004      |    | 03/14/05    |
| SACRAMENTO COUNTY          |                 | ICES FOR MEDICAL  | T.V.T | NEEDY - ACED         |            |           |            |      |           |    | 03/14/03    |
| SACIAMENTO COUNTI          | SOPPART OF SERV | TOES FOR MEDICAL. |       | NEEDI AGED           |            |           | M          | гомт | HIV AVERA | CF |             |
| 76,017 ELIGIBLES           | USERS           | UNITS OF SERVICE  |       | EXPENDITURES         | AVE.       | RAGE COST | UNITS/DAY  |      |           | ОП | COST PER    |
| 70,017 111011110           | OSEIRE          | OR DAYS OF CARE   |       | HAT HAD I TOKED      |            |           | PER ELIG   |      | USER      |    | ELIGIBLE    |
| @OPTOMETRIST               | 1,036           | 3,011             | \$    | 62,067.20            | \$         | 20.61     | .040       |      | 59.91     | S  | .82         |
| DIAGNOSTIC AND ANC. PROCED | 461             | 506               | Ψ     | 17,907.33            | Y          | 35.39     | .007       | ۲    | 38.84     | Υ  | .24         |
| EYE APPLIANCES             | 795             | 2,423             |       | 41,361.31            |            | 17.07     | .032       |      | 52.03     |    | .54         |
| OTHER OPTOMETRIC SERVICES  | 62              | 82                |       | 2,798.56             |            | 34.13     | .001       |      | 45.14     |    | .04         |
| @CHIROPRACTOR              | 6               | 9                 | \$    | 150.48               | \$         | 16.72     | .000       | Ś    | 25.08     | S  | .00         |
| VISITS                     | 6               | 9                 | Y     | 150.48               | Y          | 16.72     | .000       | Y    | 25.08     | Υ  | .00         |
| OTHER SERVICES             | 0               | 0                 |       | .00                  |            | .00       | .000       |      | .00       |    | .00         |
| @PODIATRIST                | 2 <b>,</b> 567  | 3,394             | \$    | 28,436.84            | \$         | 8.38      | .045       | ¢    | 11.08     | ¢  | .37         |
| MEDICINE/INJECTIONS        | 2 <b>,</b> 367  | 57                | Y     | 1,978.46             | Y          | 34.71     | .001       | ۲    | 38.79     | Y  | .03         |
| UNDCEDA (AMEC              | 21              | 3 /               |       | 1,9/0.40             |            | 34./1     | .001       |      | 30.79     |    | .03         |

3

2

3,332

470

151

262.22

34.60

1,193.54 \$

26,161.56

32,525.04

87.41

17.30

7.85

69.20

7.90

.000

.000

.044

.006 \$

.002 \$

87.41

34.60

10.40

451.74 \$

47.74 \$

.00

.00

.34

.43

.02

SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

3

1

72

25

2,516

| NURSE MIDWIFE                | 1     | 1               | \$<br>7.22         | \$ | 7.22     | .000 | \$<br>7.22 \$   | .00   |   |
|------------------------------|-------|-----------------|--------------------|----|----------|------|-----------------|-------|---|
| PEDIATRIC NURSE PRACTITIONER | 1     | 1               | \$<br>27.50        | \$ | 27.50    | .000 | \$<br>27.50 \$  | .00   |   |
| FAMILY NURSE PRACTITIONER    | 19    | 51              | \$<br>1,519.75     | \$ | 29.80    | .001 | \$<br>79.99 \$  | .02   |   |
| @TOTAL HOSPITAL              | 3,507 | 25 <b>,</b> 231 | \$<br>3,375,283.44 | \$ | 133.78   | .332 | \$<br>962.44 \$ | 44.40 |   |
| HOSP INPATIENT TOTAL         | 610   | 2,231           | 2,910,457.81       |    | 1304.55  | .029 | 4771.24         | 38.29 |   |
| HSC HOSPITALS                | 326   | 2,094           | 2,543,479.07       |    | 1214.65  | .028 | 7802.08         | 33.46 |   |
| NON-HSC HOSPITAL TOTAL       | 24    | 137             | 128,837.60         |    | 940.42   | .002 | 5368.23         | 1.69  |   |
| ACCOMMODATIONS               | 24    | 137             | 43,381.31          |    | 316.65   | .002 | 1807.55         | .57   |   |
| ADMINISTRATIVE DAYS          | 1     | 8               | 1,399.94CF         | ₹  | 174.99CR | .000 | 1399.94CR       | .02C1 | R |
| TRANSITIONAL IP CARE         | 0     | 0               | .00                |    | .00      | .000 | .00             | .00   |   |
| ALL OTHER ACCOM              | 23    | 129             | 44,781.25          |    | 347.14   | .002 | 1947.01         | .59   |   |
| ANCILLARIES                  | 23    | 0               | 85,456.29          |    | .00      | .000 | 3715.49         | 1.12  |   |
| INPATIENT CROSSOVERS         | 271   | 0               | 238,141.14         |    | .00      | .000 | 878.75          | 3.13  |   |
| ALL OTHER INPATIENT          | 0     | 0               | .00                |    | .00      | .000 | .00             | .00   |   |
| HOSP OUTPATIENT TOTAL        | 3,005 | 23,000          | 464,825.63         |    | 20.21    | .303 | 154.68          | 6.11  |   |
| MEDICAL                      | 474   | 727             | 31,276.24          |    |          | .010 | 65.98           | .41   |   |
| SURGERY                      | 158   | 167             | 15,121.94          |    |          | .002 | 95.71           | .20   |   |
| PATHOLOGY                    | 750   | 4,426           | 38,719.61          |    | 8.75     | .058 | 51.63           | .51   |   |
| RADIOLOGY                    | 471   | 694             | 59,022.93          |    | 85.05    | .009 | 125.31          | .78   |   |
| ROOM USE                     | 750   | 1,111           | 49,477.18          |    | 44.53    | .015 | 65.97           | .65   |   |
| CROSSOVERS/ALL OTH OUTPTNT   | 1,991 | 15 <b>,</b> 875 | 271,207.73         |    | 17.08    | .209 | 136.22          | 3.57  |   |
| @COUNTY HOSPITAL TOTAL       | 26    | 168             | \$<br>19,065.11    | \$ | 113.48   | .002 | \$<br>733.27 \$ | .25   |   |
| CO HOSPITAL INPATIENT TOTAL  | 4     | 8               | 15,024.51          |    | 1878.06  | .000 | 3756.13         | .20   |   |
| HSC HOSPITALS                | 1     | 4               | 4,400.00           |    | 1100.00  | .000 | 4400.00         | .06   |   |
| NON-HSC HOSPITALS TOTAL      | 1     | 4               | 8,908.51           |    | 2227.13  | .000 | 8908.51         | .12   |   |
| ACCOMMODATIONS               | 1     | 4               | 2,138.40           |    | 534.60   | .000 | 2138.40         | .03   |   |
| ADMINISTRATIVE DAYS          | 0     | 0               | .00                |    | .00      | .000 | .00             | .00   |   |
| TRANSITIONAL IP CARE         | 0     | 0               | .00                |    | .00      | .000 | .00             | .00   |   |
| ALL OTHER ACCOM              | 1     | 4               | 2,138.40           |    | 534.60   | .000 | 2138.40         | .03   |   |
| ANCILLARIES                  | 1     | 0               | 6,770.11           |    | .00      | .000 | 6770.11         | .09   |   |
| INPATIENT CROSSOVERS         | 2     | 0               | 1,716.00           |    | .00      | .000 | 858.00          | .02   |   |
| ALL OTHER INPATIENT          | 0     | 0               | .00                |    | .00      | .000 | .00             | .00   |   |
|                              |       |                 |                    |    |          |      |                 |       |   |

| CO HOSP OUTPATIENT TOTAL   | 24                    | 160          | 4,040.60              | 25.25         | .002        | 168.36   | .05         |
|----------------------------|-----------------------|--------------|-----------------------|---------------|-------------|----------|-------------|
| MEDICAL                    | 8                     | 13           | 450.68                | 34.67         | .000        | 56.34    | .01         |
| SURGERY                    | 1                     | 2            | 168.64                | 84.32         | .000        | 168.64   | .00         |
| PATHOLOGY                  | 6                     | 44           | 335.40                | 7.62          | .001        | 55.90    | .00         |
| RADIOLOGY                  | 3                     | 13           | 1,170.06              | 90.00         | .000        | 390.02   | .02         |
| ROOM USE                   | 8                     | 12           | 545.49                | 45.46         | .000        | 68.19    | .01         |
| CROSSOVERS/ALL OTH OUTPTNT | 17                    | 76           | 1,370.33              | 18.03         | .001        | 80.61    | .02         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPO | ORT FOR JAN 2 | 2004 THRU D | DEC 2004 | PAGE 10,715 |
| MOP024                     | FEE-FOR-SERVICE/DENTA | L            |                       |               |             |          | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES F | OR MEDICALLY | NEEDY - AGED          |               |             |          |             |

|  |                 |                  |    |               |              | MOI        | NTHLY AVERAG | E        |
|--|-----------------|------------------|----|---------------|--------------|------------|--------------|----------|
| 76,017 ELIGIBLES                                       | USERS           | UNITS OF SERVICE |    | EXPENDITURES  | AVERAGE COST | UNITS/DAYS | COST PER     | COST PER |
| •  |                 | OR DAYS OF CARE  |    |               | PER UNIT/DAY | PER ELIG   | USER         | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL                              | 3,484           |                  | \$ | 3,356,218.33  | \$ 133.91    | .330       |              |          |
| COMM HOSP INPATIENT TOTAL                              | 606             | 2,223            |    | 2,895,433.30  | 1302.49      | .029       | 4777.94      | 38.09    |
| HSC HOSPITALS  | 325             | 2,090            |    | 2,539,079.07  | 1214.87      | .027       | 7812.55      | 33.40    |
| NON-HSC HOSPITALS TOTAL                                | 23              | 133              |    | 119,929.09    | 901.72       | .002       | 5214.31      | 1.58     |
| ACCOMMODATIONS   | 23              | 133              |    | 41,242.91     | 310.10       | .002       | 1793.17      | .54      |
| ADMINISTRATIVE DAYS                                    | 1               | 8                |    | 1,399.94CR    |              | .000       | 1399.94CR    |          |
| TRANSITIONAL IP CARE                                   | 0               | 0                |    | .00           | .00          | .000       | .00          | .00      |
| ALL OTHER ACCOM  | 22              | 125              |    | 42,642.85     | 341.14       | .002       | 1938.31      | .56      |
| ANCILLARIES  | 22              | 0                |    | 78,686.18     | .00          | .000       | 3576.64      | 1.04     |
| INPATIENT CROSSOVERS                                   | 269             | 0                |    | 236,425.14    | .00          | .000       | 878.90       | 3.11     |
| ALL OTHER INPATIENT                                    | 0               | 0                |    | .00           | .00          | .000       | .00          | .00      |
| COMM HOSP OUTPATIENT TOTAL                             | 2,984           | 22,840           |    | 460,785.03    | 20.17        | .300       | 154.42       | 6.06     |
| MEDICAL  | 466             | 714              |    | 30,825.56     | 43.17        | .009       | 66.15        | .41      |
| SURGERY  | 157             | 165              |    | 14,953.30     | 90.63        | .002       | 95.24        | .20      |
| PATHOLOGY  | 746             | 4,382            |    | 38,384.21     | 8.76         | .058       | 51.45        | .50      |
| RADIOLOGY  | 469             | 681              |    | 57,852.87     | 84.95        | .009       | 123.35       | .76      |
| ROOM USE   | 743             | 1,099            |    | 48,931.69     | 44.52        | .014       | 65.86        | .64      |
|  | 1,976           | 15 <b>,</b> 799  |    | 269,837.40    | 17.08        | .208       | 136.56       | 3.55     |
| @STATE HOSPITAL  | ± <b>,</b> 576  | •                | Ś  | 4,679.30      | \$ .00       |            | \$ 779.88    |          |
| MENTALLY ILL   | 6               | 0                | Υ  | 4,206.90      | .00          | .000       | 701.15       | .06      |
| DEVELOP. DISABLED                                      | 0               | 0                |    | 472.40        | .00          | .000       | .00          | .01      |
| @NURSING FACILITY                                      | 19 <b>,</b> 882 |                  | \$ | 63,332,475.41 | \$ 100.30    | 8.306      |              |          |
| LEV A-INTERMEDIATE                                     | 457             | 15,184           | Υ  | 944,987.63    | 62.24        | .200       | 2067.81      | 12.43    |
| LEV B-REHAB MD   | 90              | 3,302            |    | 354,871.73    | 107.47       | .043       | 3943.02      | 4.67     |
| LEV B-SUBACUTE FREESTANDING                            | 0               | 0                |    | .00           | .00          | .000       | .00          | .00      |
| LEV B-SUBACUTE HSPTL BASED                             | 50              | 1,727            |    | 875,908.11    | 507.18       | .023       | 17518.16     | 11.52    |
| LEV B SOBACOTE HISTIE BASED LEV B-TRANSITIONAL IP CARE | 0               | 1,727            |    | .00           | .00          | .000       | .00          | .00      |
| LEV B-REGULAR  | 19,306          | 611,199          |    | 61,156,707.94 | 100.06       | 8.040      | 3167.76      | 804.51   |
| @INTERMEDIATE CARE FACILDD                             | 12,300          | •                | \$ | 46,280.14     | \$ 129.64    |            | \$ 3856.68   |          |
| ICF DDH  | 0               | 0                | Υ  | .00           | .00          | .000       | .00          | .00      |
| ICF DD   | 12              | 357              |    | 46,280.14     | 129.64       | .005       | 3856.68      | .61      |
| ICF DDN/DDCN   | 0               | 0                |    | .00           | .00          | .000       | .00          | .00      |
| @HEMODIALYSIS TOTAL                                    | 350             |                  | Ś  | 398,521.94    | \$ 40.84     |            | \$ 1138.63   |          |
| HOSPITAL BASED   | 0               | 9,738            | ٧  | .00           | .00          | .000       | .00          | .00      |
| HEMODIALYSIS CENTER                                    | 350             | 9,758            |    | 398,521.94    | 40.84        | .128       | 1138.63      | 5.24     |
| @REHABILITATION FACILITY                               | 8               | •                | \$ | 840.98        | \$ 24.73     |            | \$ 105.12    |          |
| HOSPITAL BASED   | Q               | 34               | Y  | 840.98        | 24.73        | .000       | 105.12       | .01      |
| INDEPENDENT FACILITY                                   | 0               | 0                |    | .00           | .00          | .000       | .00          | .00      |
| @LABORATORY FACILITY                                   | 1,742           | · ·              | \$ | 75,545.33     | \$ 10.07     | .099       |              |          |
| PATHOLOGY  | 1,700           | 7,363            | Y  | 74,656.83     | 10.14        | .097       | 43.92        | .98      |
| XO AND OTHERS  | 42              | 141              |    | 888.50        | 6.30         | .002       | 21.15        | .01      |
| @ORGANIZED OUTPATIENT CLINIC                           | 667             |                  | \$ | 93,448.68     | \$ 48.10     | .026       |              |          |
| CLINIC CLINIC  | 267             | 729              | Υ  | 15,814.27     | 21.69        | .010       | 59.23        | .21      |
| CTITIATO   | ∠0/             | 129              |    | 13,014.2/     | 21.09        | .010       | J7.43        | • ∠ ⊥    |

56,525.06 58.82 .013 261.69 .00 .00 .000 .000 SURGICENTER 216 961 .74 HEROIN DETOX CLINIC 0 0 .00 83.44 21,109.35 RURAL HEALTH CLINIC 185 253 .003 114.10 .28 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,716 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

|                                  |               |                  |        |              |              | Mo         | ONTHLY AVERA | GE       |
|----------------------------------|---------------|------------------|--------|--------------|--------------|------------|--------------|----------|
| 76,017 ELIGIBLES                 | USERS         | UNITS OF SERVICE | Ε      | EXPENDITURES | AVERAGE COST | UNITS/DAYS | S COST PER   | COST PER |
|                                  |               | OR DAYS OF CAR   | Ε      |              | PER UNIT/DAY | PER ELIG   | USER         | ELIGIBLE |
| @ALL OTHER PROVIDERS             | 8,636         | 669 <b>,</b> 188 | \$     | 2,211,238.44 | \$ 3.30      | 8.803      | \$ 256.05    | \$ 29.09 |
| DURABLE MED. EQUIP.              | 671           | 5 <b>,</b> 199   |        | 315,969.28   | 60.78        | .068       | 470.89       | 4.16     |
| BLOOD BANK                       | 0             | 0                |        | .00          | .00          | .000       | .00          | .00      |
| HEARING AID DISPENSERS           | 55            | 62               |        | 27,824.20    | 448.78       | .001       | 505.89       | .37      |
| MEDICAL TRANSPORTATION           | 2,686         | 111,066          |        | 446,010.73   | 4.02         | 1.461      | 166.05       | 5.87     |
| AMBULANCES/AIR TRANS             | 367           | 2 <b>,</b> 677   |        | 42,688.66    | 15.95        | .035       | 116.32       | .56      |
| OTHER TRANS                      | 2,178         | 107,082          |        | 396,951.16   | 3.71         | 1.409      | 182.25       | 5.22     |
| OTHER SERVICES                   | 217           | 1,307            |        | 6,370.91     | 4.87         | .017       | 29.36        | .08      |
| ACUPUNCTURE                      | 198           | 404              |        | 7,275.84     | 18.01        | .005       | 36.75        | .10      |
| ADULT DAY HEALTH CARE CTR        | 520           | 7,312            |        | 504,245.79   | 68.96        | .096       | 969.70       | 6.63     |
| GENETIC DISEASE TESTING          | 2             | 2                |        | 210.00       | 105.00       | .000       | 105.00       | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP   | 457           | 3,163            |        | 176,579.29   | 55.83        | .042       | 386.39       | 2.32     |
| OCCUPATIONAL THERAPIST           | 0             | 0                |        | .00          | .00          | .000       | .00          | .00      |
| OPTICIAN                         | 1,072         | 2,496            |        | 29,677.43    | 11.89        | .033       | 27.68        | .39      |
| PHYSICAL THERAPIST               | 35            | 190              |        | 2,638.61     | 13.89        | .002       | 75.39        | .03      |
| PORTABLE X-RAY                   | 392           | 713              |        | 1,726.99     | 2.42         | .009       | 4.41         | .02      |
| PROSTHETIST/ORTHOTISTS           | 31            | 61               |        | 2,500.02     | 40.98        | .001       | 80.65        | .03      |
| PROSTHETICS                      | 31            | 61               |        | 2,500.02     | 40.98        | .001       | 80.65        | .03      |
| ORTHOTICS                        | 0             | 0                |        | .00          | .00          | .000       | .00          | .00      |
| PSYCHOLOGIST                     | 31            | 33               |        | 628.77       | 19.05        | .000       | 20.28        | .01      |
| SPEECH AND AUDIOLOGY             | 375           | 708              |        | 68,322.13    | 96.50        | .009       | 182.19       | .90      |
| HOSPICE SERVICES                 | 145           | 4,061            |        | 430,119.74   | 105.91       | .053       | 2966.34      | 5.66     |
| NONINST BIRTHING CENTERS         | 0             | 0                |        | .00          | .00          | .000       | .00          | .00      |
| LOCAL EDUCATION AGENCIES         | 1             | 2                |        | 20.80        | 10.40        | .000       | 20.80        | .00      |
| EPSDT SUPPLEMENTAL SERVICE       | 0             | 0                |        | .00          | .00          | .000       | .00          | .00      |
| RESPIRATORY CARE PRACT.          | 0             | 0                |        | .00          | .00          | .000       | .00          | .00      |
| PED SUBACUTE REHAB/WEANING       | 0             | 0                |        | .00          | .00          | .000       | .00          | .00      |
| ALL OTHER PROVIDERS              | 2,849         | 533,716          |        | 197,488.82   | .37          | 7.021      | 69.32        | 2.60     |
| @CALIF. CHILDREN SERVICES*       | 0             | 0                | \$     | .00          | \$ .00       | .000       | \$ .00       | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**    | 12,638        | 270,754          | \$     | 2,222,877.69 | \$ 8.21      | 3.562      | \$ 175.89    | \$ 29.24 |
| 0* TOTALS IN THESE LINES ARE GIV | EN AS A SEPAR | RATE INFORMATION | TTEM C | NT.Y:        |              |            |              |          |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,717
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----113 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 88 2,927 \$ 58,936.93 \$ 20.14 25.903 \$ 669.74 \$ 521.57 6,690.18 \$ 37.17 1.593 \$ 148.67 \$ 59.21 45 180 Ś @PHYSICIANS SERVICES 33.55 .434 58.72 14.55 30.35 .389 55.65 11.82 28 49 1,644.12 1,335.60 OUTPATIENT VISITS .00 .000 61.70 .044 .00 .000 .00 .000 OFFICE VISITS 24 44 0 0 .00 .00 .00 HOME VISITS 308.52 EMERGENCY ROOM 5 5 61.70 2.73 0 .00 0 .00 PREVENTIVE CARE .000 Ω OB VISITS/COMPRE PERI 0 .00 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES  | 0               | 0   |       | .00                |       | .00       | .000      | .0         | J    |            | .00     |
|--|-----------------|---|-------|--------------------|-------|-----------|-----------|------------|------|------------|---------|
| INPATIENT VISITS   | 6               | 35  |       | 1,453.01           |       | 41.51     | .310      | 242.1      | 7    |            | 12.86   |
| HOSPITAL VISITS  | 6               | 33  |       | 1,353.41           |       | 41.01     | .292      | 225.5      | 7    |            | 11.98   |
| CRITICAL CARE  | 0               | 0   |       | .00                |       | .00       | .000      | .0         | 0    |            | .00     |
| SNF/ICF/TRANS IP CARE  | 1               | 2   |       | 99.60              |       | 49.80     | .018      | 99.6       |      |            | .88     |
| OPHTHALMOLOGICAL SERVICES  | 5               | 5   |       | 0.1 = .00          |       | 43.14     | .044      | 43.1       |      |            | 1.91    |
| EXAMINATIONS   | 5<br>5          | 5<br>5<br>0<br>11<br>1                            |       | 215.68             |       | 43.14     | .044      | 43.1       |      |            | 1.91    |
|  | 0               | 3   |       | 213.00             |       | .00       | .000      | 43.1       |      |            | .00     |
| SERVICES AND MATERIALS   | 2               | 11  |       | .00<br>737.02      |       | 67.00     | .000      |            |      |            |         |
| INPATIENT HOSPITAL SURGERY   | 1               | 11  |       | 737.02             |       |           |           | 368.5      |      |            | 6.52    |
| PRINCIPAL SURGEON  | 1               | 1   |       |                    |       | 553.98    | .009      | 553.9      |      |            | 4.90    |
| ASSISTANT SURGEON  | 0               | 35<br>33<br>0<br>2<br>5<br>5<br>0<br>11<br>1<br>0 |       | .00                |       | .00       | .000      | .0         | J    |            | .00     |
| ANESTHESIOLOGIST   | 1               | 10  |       | 183.04             |       | 18.30     | .088      | 183.0      |      |            | 1.62    |
| OUTPATIENT SURGERY   | 2               | 10<br>2<br>2<br>0<br>0<br>18                      |       | 107.96             |       | 53.98     | .018      | 53.9       |      |            | .96     |
| PRINCIPAL SURGEON  | 2               | 2   |       | 107.96             |       | 53.98     | .018      | 53.9       | 3    |            | .96     |
| ASSISTANT SURGEON  | 0               | 0   |       | .00                |       | .00       | .000      | .0         | J    |            | .00     |
| ANESTHESIOLOGIST   | 0               | 0   |       | .00                |       | .00       | .000      | .0         | )    |            | .00     |
| DIALYSIS   | 3<br>7          | 18  |       | 915.90             |       | 50.88     | .159      | 305.3      | 0    |            | 8.11    |
| PATHOLOGY  | 7               | 12  |       | 209.00             |       | 17.42     | .106      | 29.8       |      |            | 1.85    |
| RADIOLOGY  | . 8             | 1 4   |       | 543.78             |       | 38.84     | .124      | 67.9       |      |            | 4.81    |
| PSYCHIATRY   | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| IMMUNIZATION AND INJECTION   | 3               | 2   |       | 41.28              |       | 13.76     | .027      | 13.7       |      |            | .37     |
|  | 3               | 12<br>14<br>0<br>3<br>31                          |       |                    |       |           | .274      | 41.1       |      |            |         |
| OTHER SERVICES/ALL X-OVERS   | 20              | 31  | ć     | 822.43             | Ċ     | 26.53     |           |            |      | <b>-</b> 1 | 7.28    |
| @PHARMACY  | 56              | 607   | \$    | 13,008.98          | \$    | 21.43     | 5.372     |            |      |            | 15.12   |
| PRESCRIPTION DRUGS   | 55              | 230   |       | 11,163.97          |       | 48.54     | 2.035     | 202.9      |      |            | 98.80   |
| SNF/ICF  | 2               | 15  |       | 1,083.65           |       | 72.24     | .133      | 541.8      |      |            | 9.59    |
| OUTPATIENTS  | 54              | 215   |       | 10,080.32          |       | 46.89     | 1.903     | 186.6      |      |            | 89.21   |
| MEDICAL SUPPLIES   | 13              | 377   |       | 1,845.01           |       | 4.89      | 3.336     | 141.9      |      |            | 16.33   |
| @DENTIST   | 6               | 25  | \$    | 849.00             | \$    | 33.96     | .221      | \$ 141.5   | )    | è          | 7.51    |
| OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES  @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS | 4               | 15  |       | 219.00             |       | 14.60     | .133      | 54.7       | 5    |            | 1.94    |
| ORAL SURGERY   | 1               | 1   |       | 45.00              |       | 45.00     | .009      | 45.0       | )    |            | .40     |
| DRUGS  | 0               | 0   |       | .00                |       | .00       | .000      | .0         | 0    |            | .00     |
| ANESTHESTA   | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| PERIODONTICS   | 2               | 2   |       | 236.00             |       | 118.00    | .018      | 118.0      |      |            | 2.09    |
| ENDODONTICS  | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| PESTORATIVE DENTISTRY  | 2               | 15<br>1<br>0<br>0<br>2<br>0<br>7<br>0<br>0<br>0   |       |                    |       | 49.86     | .062      |            |      |            | 3.09    |
| PROSTHETICS  | 0               | ,   |       | 349.00             |       | .00       | .000      | 174.5      | Λ    |            | .00     |
|  | 0               | 0   |       | .00                |       | .00       | .000      |            |      |            |         |
| DENTURES, STAYPLATES   | 0               | 0   |       |                    |       |           |           | .0         |      |            | .00     |
| SPACE MAINTAINERS  | 0               | U   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| MAXILLOFACIAL SERVICES   | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| FRACTURES, DISLOCATIONS  | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| ORTHODONTIC SERVICES   | U               | U   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| ALL OTHER SERVICES   | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| #CALIF DEPT OF HEALTH SERV   |                 |   | RES M | IONTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 004 THRU  | DEC 2004   |      |            | 10,718  |
| MOP024   | FEE-FOR-SERVICE | E/DENTAL  |       |                    |       |           |           |            |      | C          | 3/14/05 |
| SACRAMENTO COUNTY  | SUMMARY OF SERV | ICES FOR MEDICAL                                  | LLY N | IEEDY - BLIND      |       |           |           |            |      |            |         |
|  |                 |   |       |                    |       |           | M         | AVE YLHTNC | RAGE |            |         |
| 113 ELIGIBLES  | USERS           | UNITS OF SERVICE                                  | €     | EXPENDITURES       | AVE   | RAGE COST | UNITS/DAY | S COST PE  | 3    | COS        | ST PER  |
|  |                 | OR DAYS OF CAR                                    | €     |                    | PER   | UNIT/DAY  | PER ELIG  | USER       |      | ELI        | GIBLE   |
| @OPTOMETRIST   | 1               | 4   | \$    | 100.56             | \$    | 25.14     | .035      | \$ 100.5   | 6 5  | š          | .89     |
| DIAGNOSTIC AND ANC. PROCED   | 1               | 1   |       | 47.45              |       | 47.45     | .009      | 47.4       | 5    |            | .42     |
| EYE APPLIANCES   | 1               | 3   |       | 53.11              |       | 17.70     | .027      | 53.1       |      |            | .47     |
| OTHER OPTOMETRIC SERVICES  | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| @CHIROPRACTOR  | 0               | 0   | \$    | .00                | \$    | .00       | .000      |            | 0 \$ | 5          | .00     |
| VISITS   | 0               | 0   | ~     | .00                | 7     | .00       | .000      | .0         |      |            | .00     |
| OTHER SERVICES   | 0               | 0   |       | .00                |       | .00       | .000      | .0         |      |            | .00     |
| @PODIATRIST  | 10              | 12  | \$    | 288.00             | \$    | 24.00     | .106      |            |      | 5          |         |
| GEONTHIKTOI  | 10              | 12  | Ą     | 288.00             | Ą     | Z4.UU     | .100      | ۷ ∠۵.8     | J 7  | ,          | 2.55    |
|  |                 |   |       |                    |       |           |           |            |      |            |         |

| MEDICINE/INJECTIONS          | 10              | 12                  |        | 288.00           | 24.00        | .106        | 28.80       | 2      | .55     |
|------------------------------|-----------------|---------------------|--------|------------------|--------------|-------------|-------------|--------|---------|
| SURGERY/ANES.                | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| RADIO./PATHOLOGY             | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| OTHER                        | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| @HOME HEALTH AGENCY          | 1               |                     | \$     | 143.70           | \$ 71.85     | .018        |             |        | .27     |
| NURSE ANESTHESIST            | 0               | 0 5                 | 7      | .00              | \$ .00       |             | \$ .00      | •      | .00     |
| NURSE MIDWIFE                | 0               | 0 5                 | ۲<br>5 | .00              | \$ .00       |             | \$ .00      |        | .00     |
|                              | O               | 0 5                 | 7      |                  | \$ .00       |             |             |        |         |
| PEDIATRIC NURSE PRACTITIONER | 0               | 15                  | ?      |                  |              |             |             |        | .00     |
| FAMILY NURSE PRACTITIONER    | 0               |                     | ?      |                  | \$ 32.74     |             | \$ 81.85    |        | .35     |
| @TOTAL HOSPITAL              | /               | 38                  | ?      |                  | \$ 359.69    |             | \$ 1952.58  |        |         |
| HOSP INPATIENT TOTAL         | 4               | 9                   |        | 13,072.00        | 1452.44      | .080        | 3268.00     | 115    |         |
| HSC HOSPITALS                | 2               | 9                   |        | 11,320.00        | 1257.78      | .080        | 5660.00     | 100    |         |
| NON-HSC HOSPITAL TOTAL       | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ACCOMMODATIONS               | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ADMINISTRATIVE DAYS          | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| TRANSITIONAL IP CARE         | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ALL OTHER ACCOM              | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ANCILLARIES                  | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| INPATIENT CROSSOVERS         | 2               | 0                   |        | 1,752.00         | .00          | .000        | 876.00      | 15     | .50     |
| ALL OTHER INPATIENT          | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| HOSP OUTPATIENT TOTAL        | 4               | 29                  |        | 596.09           | 20.55        | .257        | 149.02      |        | .28     |
| MEDICAL                      | 3               | 5                   |        | 108.46           | 21.69        | .044        | 36.15       |        | .96     |
| SURGERY                      | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| PATHOLOGY                    | 2               | 16                  |        | 159.13           | 9.95         | .142        | 79.57       |        | .41     |
| RADIOLOGY                    | 2               | 3                   |        | 237.11           | 79.04        | .027        | 118.56      |        | .10     |
| ROOM USE                     | 2               | 2                   |        | 58.11            | 29.06        | .018        | 29.06       |        | .51     |
| CROSSOVERS/ALL OTH OUTPTNT   | 1               | 3                   |        | 33.28            | 11.09        | .027        | 33.28       |        | .29     |
| @COUNTY HOSPITAL TOTAL       | 0               |                     | \$     | .00              | \$ .00       | .000        |             |        | .00     |
| CO HOSPITAL INPATIENT TOTAL  | 0               | 0 .                 | 7      | .00              | .00          | .000        | .00         | •      | .00     |
|                              | 0               | 0                   |        |                  |              |             |             |        |         |
| HSC HOSPITALS                | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| NON-HSC HOSPITALS TOTAL      | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ACCOMMODATIONS               | 0               | •                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ADMINISTRATIVE DAYS          | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| TRANSITIONAL IP CARE         | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ALL OTHER ACCOM              | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ANCILLARIES                  | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| INPATIENT CROSSOVERS         | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ALL OTHER INPATIENT          | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| CO HOSP OUTPATIENT TOTAL     | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| MEDICAL                      | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| SURGERY                      | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| PATHOLOGY                    | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| RADIOLOGY                    | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ROOM USE                     | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| CROSSOVERS/ALL OTH OUTPTNT   | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIC | ES AND EXPENDITURES | S MON  | TH-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU D | EC 2004     | PAGE 1 | 0,719   |
| MOP024                       | FEE-FOR-SERVICE | /DENTAL             |        |                  |              |             |             | 03/    | 14/05   |
| SACRAMENTO COUNTY            |                 | ICES FOR MEDICALLY  | Y NEE  | DY - BLIND       |              |             |             |        |         |
|                              |                 |                     |        |                  |              | MO          | NTHLY AVERA | GE     |         |
| 113 ELIGIBLES                | USERS           | UNITS OF SERVICE    |        | EXPENDITURES     | AVERAGE COST |             |             | COST   |         |
|                              |                 | OR DAYS OF CARE     |        |                  | PER UNIT/DAY | Y PER ELIG  | USER        | ELIGI  |         |
| @COMMUNITY HOSPITAL TOTAL    | 7               | 38                  | \$     | 13,668.09        | \$ 359.69    |             | \$ 1952.58  |        |         |
| COMM HOSP INPATIENT TOTAL    | 4               | 9                   | -      | 13,072.00        | 1452.44      | .080        | 3268.00     | 115    |         |
| HSC HOSPITALS                | 2               | 9                   |        | 11,320.00        | 1257.78      | .080        | 5660.00     | 100    |         |
| NON-HSC HOSPITALS TOTAL      | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| ACCOMMODATIONS               | 0               | 0                   |        | .00              | .00          | .000        | .00         |        | .00     |
| 11000111101111110110         | O               | O .                 |        | .00              | .00          | .000        | .00         |        | • • • • |

| ADMINISTRATIVE DAYS         | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
|-----------------------------|---|-----|-----------------|--------------|-------|---------------|--------------|
| TRANSITIONAL IP CARE        | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| ALL OTHER ACCOM             | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| ANCILLARIES                 | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| INPATIENT CROSSOVERS        | 2 | 0   | 1,752.00        | .00          | .000  | 876.00        | 15.50        |
| ALL OTHER INPATIENT         | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| COMM HOSP OUTPATIENT TOTAL  | 4 | 29  | 596.09          | 20.55        | .257  | 149.02        | 5.28         |
| MEDICAL                     | 3 | 5   | 108.46          | 21.69        | .044  | 36.15         | .96          |
| SURGERY                     | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| PATHOLOGY                   | 2 | 16  | 159.13          | 9.95         | .142  | 79.57         | 1.41         |
| RADIOLOGY                   | 2 | 3   | 237.11          | 79.04        | .027  | 118.56        | 2.10         |
| ROOM USE                    | 2 | 2   | 58.11           | 29.06        | .018  | 29.06         | .51          |
| CROSSOVERS/ALL OTH OUTPINT  | 1 | 3   | 33.28           | 11.09        | .027  | 33.28         | .29          |
| @STATE HOSPITAL             | 0 | 0   | \$<br>.00       | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| MENTALLY ILL                | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| DEVELOP. DISABLED           | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| @NURSING FACILITY           | 2 | 20  | \$<br>2,303.80  | \$<br>115.19 | .177  | \$<br>1151.90 | \$<br>20.39  |
| LEV A-INTERMEDIATE          | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| LEV B-REHAB MD              | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| LEV B-SUBACUTE FREESTANDING | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| LEV B-SUBACUTE HSPTL BASED  | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| LEV B-TRANSITIONAL IP CARE  | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| LEV B-REGULAR               | 2 | 20  | 2,303.80        | 115.19       | .177  | 1151.90       | 20.39        |
| @INTERMEDIATE CARE FACILDD  | 0 | 0   | \$<br>.00       | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| ICF DDH                     | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| ICF DD                      | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| ICF DDN/DDCN                | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| @HEMODIALYSIS TOTAL         | 8 | 304 | \$<br>11,313.92 | \$<br>37.22  | 2.690 | \$<br>1414.24 | \$<br>100.12 |
| HOSPITAL BASED              | 0 | 0   | .00             | .00          | .000  | .00           | .00          |
| HEMODIALYSIS CENTER         | 8 | 304 | 11,313.92       | 37.22        | 2.690 | 1414.24       | 100.12       |
| @REHABILITATION FACILITY    | 0 | 0   | \$<br>.00       | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| HOSPITAL BASED              | 0 | 0   | .00             | .00          | .000  | .00           | .00          |

| INDEPENDENT FACILITY           | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
|--------------------------------|-----------------|----------------------|---------------|--------------|------------|------------|-------------|
| @LABORATORY FACILITY           | 7               | 38 \$                | 467.46        | \$ 12.30     | .336 \$    |            | \$ 4.14     |
| PATHOLOGY                      | 7               | 38                   | 467.46        | 12.30        | .336       | 66.78      | 4.14        |
| XO AND OTHERS                  | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| @ORGANIZED OUTPATIENT CLINIC   | 1               | 2 \$                 | 47.45         | \$ 23.73     | .018 \$    |            | \$ .42      |
| CLINIC                         | 1               | 2                    | 47.45         | 23.73        | .018       | 47.45      | .42         |
| SURGICENTER                    | <u> </u>        | 0                    | .00           | .00          | .000       | .00        | .00         |
| HEROIN DETOX CLINIC            | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| RURAL HEALTH CLINIC            | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV     | MEDI-CAL SERVI  | CES AND EXPENDITURES |               |              |            |            | PAGE 10,720 |
| MOP024                         | FEE-FOR-SERVICE |                      |               |              |            | 0 2001     | 03/14/05    |
| SACRAMENTO COUNTY              | SUMMARY OF SER  |                      | NEEDY - BLIND |              |            |            |             |
|                                |                 |                      |               |              | MON        | THLY AVERA | GE          |
| 113 ELIGIBLES                  | USERS           | UNITS OF SERVICE     | EXPENDITURES  | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER    |
|                                |                 | OR DAYS OF CARE      |               | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE    |
| @ALL OTHER PROVIDERS           | 16              | 1,680 \$             | 9,564.68      | \$ 5.69      | 14.867 \$  | 597.79     | \$ 84.64    |
| DURABLE MED. EQUIP.            | 3               | 3                    | 159.33        | 53.11        | .027       | 53.11      | 1.41        |
| BLOOD BANK                     | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| HEARING AID DISPENSERS         | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| MEDICAL TRANSPORTATION         | 8               | 1,666                | 6,096.77      | 3.66         | 14.743     | 762.10     | 53.95       |
| AMBULANCES/AIR TRANS           | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| OTHER TRANS                    | 7               | 1,662                | 6,084.60      | 3.66         | 14.708     | 869.23     | 53.85       |
| OTHER SERVICES                 | 1               | 4                    | 12.17         | 3.04         | .035       | 12.17      | .11         |
| ACUPUNCTURE                    | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| ADULT DAY HEALTH CARE CTR      | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| GENETIC DISEASE TESTING        | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| OCCUPATIONAL THERAPIST         | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| OPTICIAN                       | 3               | 8                    | 3,002.14      | 375.27       | .071       | 1000.71    | 26.57       |
| PHYSICAL THERAPIST             | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| PORTABLE X-RAY                 | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| PROSTHETIST/ORTHOTISTS         | 2 2             | 3                    | 306.44        | 102.15       | .027       | 153.22     | 2.71        |
| PROSTHETICS                    |                 | 3                    | 306.44        | 102.15       | .027       | 153.22     | 2.71        |
| ORTHOTICS                      | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| PSYCHOLOGIST                   | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| SPEECH AND AUDIOLOGY           | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| HOSPICE SERVICES               | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| NONINST BIRTHING CENTERS       | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |
| LOCAL EDUCATION AGENCIES       | 0               | U                    | .00           | .00          | .000       | .00        | .00         |
| EPSDT SUPPLEMENTAL SERVICE     | 0               | 0                    | .00           | .00          | .000       | .00        | .00         |

13

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES\*

ALL OTHER PROVIDERS

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,721 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

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|                       |        |                 |    |               |      |           | MC         | NTHLY AVER | AGE |          |
|-----------------------|--------|-----------------|----|---------------|------|-----------|------------|------------|-----|----------|
| 52,278 ELIGIBLES      | USERS  | UNITS OF SERVIC | E  | EXPENDITURES  | AVE: | RAGE COST | UNITS/DAYS | COST PER   |     | COST PER |
|                       |        | OR DAYS OF CAR  | E  |               | PER  | UNIT/DAY  | PER ELIG   | USER       |     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 48,448 | 1,905,624       | \$ | 64,833,148.33 | \$   | 34.02     | 36.452     | \$ 1338.20 | \$  | 1240.16  |
| @PHYSICIANS SERVICES  | 13,885 | 82,635          | \$ | 3,122,959.61  | \$   | 37.79     | 1.581      | \$ 224.92  | \$  | 59.74    |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS   | 4,974                     | 7 <b>,</b> 578          |        | 299,797.31                    |         | 39.56                     | .145       |     | 60.27     |    | 5.73       |
|---|---------------------------|-------------------------|--------|-------------------------------|---------|---------------------------|------------|-----|-----------|----|------------|
| OFFICE VISITS   | 3,267                     | 4,822                   |        | 150,173.23                    |         | 31.14                     | .092       |     | 45.97     |    | 2.87       |
| HOME VISITS   | 11                        | 14                      |        | 502.65                        |         | 35.90                     | .000       |     | 45.70     |    | .01        |
| EMERGENCY ROOM  | 1,265                     | 1,656                   |        | 121,247.03                    |         | 73.22                     | .032       |     | 95.85     |    | 2.32       |
| PREVENTIVE CARE   | 2                         | 2                       |        | 92.22                         |         | 46.11                     | .000       |     | 46.11     |    | .00        |
| PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS   | 5                         | 12                      |        | 244.92                        |         | 20.41                     | .000       |     | 48.98     |    | .00        |
| OTHER OUTPATIENT  | 790                       | 1 072                   |        | 27,537.26                     |         | 25.69                     | .021       |     | 34.86     |    | .53        |
| INPATIENT VISITS  | 1 - 706                   | 13.253                  |        | 566,888.84                    |         | 42.77                     | .254       |     | 332.29    |    | 10.84      |
| HOSPITAL VISITS   | 1.343                     | 11.968                  |        | 482,862.50                    |         | 40.35                     | .229       |     | 359.54    |    | 9.24       |
| CRITICAL CARE   | 151                       | 13,253<br>11,968<br>517 |        | 60,876.72                     |         | 117.75                    | .010       |     | 403.16    |    | 1.16       |
| SNE/ICE/TRANS ID CARE   | 378                       | 768                     |        | 23,149.62                     |         | 30.14                     |            |     | 61.24     |    | .44        |
| CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES   | 226                       | 327                     |        | 13,031.46                     |         | 39.85                     | .006       |     | 57.66     |    | .25        |
| EVANTARTONC   | 220                       | 318                     |        | 12,801.47                     |         | 40.26                     | .006       |     | 58.99     |    | .24        |
| CEDITOEC AND MAMEDIALC  | 217                       | 9                       |        | 229.99                        |         | 25.55                     | .000       |     | 25.55     |    | .00        |
| SERVICES AND MALERIALS  | 9                         | 6 696                   |        |                               |         | 82.12                     |            |     | 610.76    |    |            |
| INPATIENT HOSPITAL SURGERY  | 899                       | 6 <b>,</b> 686<br>1 969 |        | 549,076.55                    |         |                           | .128       |     |           |    | 10.50      |
| PRINCIPAL SURGEON   | /39                       | 1,969                   |        | 433,597.52                    |         | 220.21                    |            |     | 586.74    |    | 8.29       |
| ASSISTANT SURGEON   | 5 /                       | 63                      |        | 15,034.24                     |         | 238.64                    | .001       |     | 263.76    |    | .29        |
| ANESTHESIOLOGIST  | 290                       | 4,654                   |        | 100,444.79<br>201,585.36      |         | 21.58                     | .089       |     | 346.36    |    | 1.92       |
| OUTPATIENT SURGERY  | 827                       | 2,082                   |        | 201,585.36                    |         | 96.82                     | .040       |     | 243.75    |    | 3.86       |
| PRINCIPAL SURGEON   | 6/9                       | 933                     |        | 170,611.75                    |         | 182.86                    | .018       |     | 251.27    |    | 3.26       |
| ASSISTANT SURGEON   | 9                         | 9                       |        | 1,804.54                      |         | 200.50                    | .000       |     | 200.50    |    | .03        |
| OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY | 190                       | 1,140                   |        | 29,169.07                     |         | 182.86<br>200.50<br>25.59 | .022       |     | 153.52    |    | .56        |
| DIALYSIS  | 282                       | 1,176                   |        | 80,225.79                     |         | 68.22<br>18.70            | .022       |     | 284.49    |    | 1.53       |
| PATHOLOGY   | 1,160                     | 4,745                   |        | 88,749.50                     |         | 18.70                     | .091       |     | 76.51     |    | 1.70       |
| RADIOLOGY   | 2,823                     | 11,265                  |        | 520,674.68                    |         | 40.22                     | .215       |     | 184.44    |    | 9.96       |
| PSYCHIATRY  | 13                        | 17                      |        | 835.43                        |         | 49.14                     | .000       |     | 64.26     |    | .02        |
| IMMUNIZATION AND INJECTION  | 279                       | 10,537                  |        | 314,333.16                    |         | 29.83                     | .202       |     | 1126.64   |    | 6.01       |
| OTHER SERVICES/ALL X-OVERS  | 7,847<br>36,752           | 24 <b>,</b> 969         |        | 487,761.53                    |         | 19.53                     | .478       |     | 62.16     |    | 9.33       |
| @PHARMACY   | 36 <b>,</b> 752           | 804,249                 | \$     | 18,524,128.31                 | \$      | 23.03                     | 15.384     | \$  |           |    |            |
| PRESCRIPTION DRUGS  | 36,211<br>3,903<br>32,487 | 192 <b>,</b> 034        |        | 18,000,709.79<br>2,348,223.78 |         | 93.74                     | 3.673      |     | 497.11    |    | 344.33     |
| SNF/ICF   | 3,903                     | 32 <b>,</b> 295         |        | 2,348,223.78                  |         | 72.71                     | .618       |     | 601.65    |    | 44.92      |
| OUTPATIENTS   | 32,487                    | 159 <b>,</b> 739        |        | 15,652,486.01                 |         | 97.99                     | 3.056      |     | 481.81    |    | 299.41     |
| MEDICAL SUPPLIES  | 3,667                     | 612,215                 |        | 523,418.52                    |         | .85                       | 11.711     |     | 142.74    |    | 10.01      |
| @DENTIST  | 3,299                     | 15,129                  | \$     | 590,437.91                    | \$      | 39.03                     | .289       | \$  | 178.97    | \$ | 11.29      |
| MEDICAL SUPPLIES  @DENTIST  VISITS - DIAGNOSTIC  ORAL SURGERY  DRUGS  ANESTHESIA  PERIODONTICS  | 2,130                     | 9,106                   |        | 113,967.45                    |         | 12.52<br>48.50            | .174       |     | 53.51     |    | 2.18       |
| ORAL SURGERY  | 665                       | 2,077                   |        | 100,727.15                    |         | 48.50                     | .040       |     | 151.47    |    | 1.93       |
| DRUGS   | 5                         | 7                       |        | 40.00                         |         | 5.71                      | .000       |     | 8.00      |    | .00        |
| ANESTHESIA  | 6                         | 6                       |        | 600.00                        |         | 100.00                    | .000       |     | 100.00    |    | .01        |
| PERIODONTICS  | 242                       | 270                     |        | 30,512.39                     |         | 113.01                    | .005       |     | 126.08    |    | .58        |
| ENDODONTICS   | 184                       | 259                     |        | 57,837.00                     |         | 223.31                    | .005       |     | 314.33    |    | 1.11       |
| DECHODARIUE DENHICHDY   | 771                       | 1 062                   |        | 114,041.55                    |         | 61.25                     | .036       |     | 147.91    |    | 2.18       |
| PROSTHETICS   | 33<br>432<br>1<br>1       | 36                      |        | 1,110.00                      |         | 30.83                     | .001       |     | 33.64     |    | .02        |
| DENTURES, STAYPLATES  | 432                       | 1,391                   |        | 171,039.30                    |         | 122.96                    | .027       |     | 395.92    |    | 3.27       |
| SPACE MAINTAINERS   | 1                         | 1                       |        | 100 00                        |         | 120.00                    | .000       |     | 120.00    |    | .00        |
| MAXILLOFACIAL SERVICES  | 1                         | 1                       |        | 98.07<br>.00<br>345.00        |         | 98.07                     | .000       |     | 98.07     |    | .00        |
| FRACTURES, DISLOCATIONS   | 0                         | 0                       |        | .00                           |         | .00                       | .000       |     | .00       |    | .00        |
| ORTHODONTIC SERVICES  | 5                         | 6                       |        | 345.00                        |         | 57.50                     | .000       |     | 69.00     |    | .01        |
| ALL OTHER SERVICES  | 64                        | 107                     |        | .00                           |         | .00                       | .002       |     | .00       |    | .00        |
| #CALIF DEPT OF HEALTH SERV  |                           |                         | י פי   |                               | SEDOBT  |                           |            | DEC |           | Þ  | AGE 10,722 |
| MOP024  | FEE-FOR-SERVICE           |                         | L CILL | MONIII OF TATMENT I           |         | FOR OAN 2                 | 2004 11110 |     | 2004      |    | 03/14/05   |
| SACRAMENTO COUNTY   |                           | ICES FOR MEDICAL        | TVI    | MEEDY - DICABLED              |         |                           |            |     |           |    | 03/14/03   |
| SACRAMENTO COUNTT   | SUMMARI OF SERV           | ICES FOR MEDICAL        | ו דידו | NEEDI - DISABLED              |         |                           | M          |     | UIV AUDDA | CE |            |
| 52,278 ELIGIBLES  | USERS                     | UNITS OF SERVICE        | ,      | EXPENDITURES                  | 7/17/17 | DACE COST                 | UNITS/DAY  |     |           |    | COST PER   |
| 22,210 ELIGIDES   | CALCO                     | OR DAYS OF CARE         |        | PVERNATIAKPS                  |         |                           | PER ELIG   |     | USER      |    | ELIGIBLE   |
| @OPTOMETRIST  | 848                       | 2,424                   |        | 51,188.82                     | \$      | 21.12                     | .046       |     | 60.36     |    | .98        |
| -   | 424                       | 2,424<br>468            | ې      | 17,320.59                     | ş       | 37.01                     | .046       | ٻ   | 40.85     | ې  | .33        |
| DIAGNOSTIC AND ANC. PROCED  | 424                       | 400                     |        | 17,320.39                     |         | 31.01                     | .009       |     | 40.03     |    | . 33       |

| EYE APPLIANCES               | 652                    | 1,910           |        | 32,526.94      |        | 17.03     | .037      | 49.89         |      | .62        |
|------------------------------|------------------------|-----------------|--------|----------------|--------|-----------|-----------|---------------|------|------------|
| OTHER OPTOMETRIC SERVICES    | 38                     | 46              |        | 1,341.29       |        | 29.16     | .001      | 35.30         |      | .03        |
| @CHIROPRACTOR                | 28                     | 53              | \$     | 815.69         |        |           | .001      |               | Ś    | .02        |
| VISITS                       | 23                     | 46              | т      | 735.68         |        | 15.99     | .001      |               | т    | .01        |
|                              |                        |                 |        |                |        |           |           |               |      |            |
| OTHER SERVICES               | 5                      | 7               |        | 80.01          |        | 11.43     | .000      |               |      | .00        |
| @PODIATRIST                  | 943                    | 2,251           | \$     | 24,168.19      | \$     | 10.74     | .043      |               | \$   | .46        |
| MEDICINE/INJECTIONS          | 118                    | 140             |        | 4,374.90       |        | 31.25     | .003      | 37.08         |      | .08        |
| SURGERY/ANES.                | 16                     | 21              |        | 964.18         |        | 45.91     | .000      | 60.26         |      | .02        |
| RADIO./PATHOLOGY             | 10                     | 16              |        | 321.88         |        | 20.12     | .000      |               |      | .01        |
|                              | 822                    | 2,074           |        | 18,507.23      |        | 8.92      | .040      |               |      | .35        |
| OTHER                        |                        |                 |        |                |        |           |           |               |      |            |
| @HOME HEALTH AGENCY          | 483                    | 54,230          | \$     | 1,755,030.58   |        |           |           | \$ 3633.60    |      | 33.57      |
| NURSE ANESTHESIST            | 28                     | 279             | \$     | 1,113.73       | \$     | 3.99      | .005      |               |      | .02        |
| NURSE MIDWIFE                | 2                      | 8               | \$     | 38.06          | \$     | 4.76      | .000      | \$ 19.03      | \$   | .00        |
| PEDIATRIC NURSE PRACTITIONER | 0                      | 0               | Ś      | .00            | \$     | .00       | .000      |               | Ś    | .00        |
| FAMILY NURSE PRACTITIONER    | 4.4                    | 113             | \$     | 2,657.84       |        |           | .002      |               |      | .05        |
| @TOTAL HOSPITAL              | 6 <b>,</b> 156         | 71,739          | \$     | 16,912,755.47  | ç      | 235.75    |           | \$ 2747.36    |      | 323.52     |
| -                            | 0,136                  |                 | Ş      |                | Ş      |           |           |               | ş    |            |
| HOSP INPATIENT TOTAL         | 1,376<br>1,035         | 12,590          |        | 15,345,723.68  |        | 1218.88   | .241      |               |      | 293.54     |
| HSC HOSPITALS                | 1 <b>,</b> 035         | 10,888          |        | 13,398,893.11  |        | 1230.61   | .208      | 12945.79      |      | 256.30     |
| NON-HSC HOSPITAL TOTAL       | 130                    | 1,702           |        | 1,673,675.93   |        | 983.36    | .033      | 12874.43      |      | 32.01      |
| ACCOMMODATIONS               | 128                    | 1,702           |        | 727,823.54     |        | 427.63    | .033      | 5686.12       |      | 13.92      |
| ADMINISTRATIVE DAYS          | 11                     | 102             |        | 18,601.10      |        | 182.36    | .002      |               |      | .36        |
|                              | 0                      | 0               |        |                |        |           |           |               |      |            |
| TRANSITIONAL IP CARE         |                        |                 |        | .00            |        | .00       | .000      |               |      | .00        |
| ALL OTHER ACCOM              | 118                    | 1,600           |        | 709,222.44     |        | 443.26    | .031      |               |      | 13.57      |
| ANCILLARIES                  | 130                    | 0               |        | 945,852.39     |        | .00       | .000      | 7275.79       |      | 18.09      |
| INPATIENT CROSSOVERS         | 270                    | 0               |        | 273,154.64     |        | .00       | .000      | 1011.68       |      | 5.23       |
| ALL OTHER INPATIENT          | 0                      | 0               |        | .00            |        | .00       | .000      | .00           |      | .00        |
| HOSP OUTPATIENT TOTAL        | 5 - 207                | 59,149          |        | 1,567,031.79   |        | 26.49     | 1.131     |               |      | 29.97      |
| MEDICAL                      | 0<br>5,207<br>1,012    | 1,825           |        | 121,404.61     |        | 66.52     | .035      |               |      | 2.32       |
| 112210112                    | ±, 0±2                 |                 |        |                |        |           |           | 71 00         |      |            |
| SURGERY                      | 279                    | 337             |        | 20,081.75      |        | 59.59     | .006      |               |      | .38        |
| PATHOLOGY                    | 1,883                  | 18,164          |        | 127,969.62     |        | 7.05      | .347      |               |      | 2.45       |
| RADIOLOGY                    | 1,075                  | 2,448           |        | 219,983.26     |        | 89.86     | .047      | 204.64        |      | 4.21       |
| ROOM USE                     | 2,112                  | 4,104           |        | 159,324.79     |        | 38.82     | .079      | 75.44         |      | 3.05       |
| CROSSOVERS/ALL OTH OUTPTNT   |                        | 32 <b>,</b> 271 |        | 918,267.76     |        | 28.45     | .617      | 296.12        |      | 17.57      |
| @COUNTY HOSPITAL TOTAL       | 71                     | 577             | \$     | 268,251.40     |        | 464.91    |           | \$ 3778.19    | Ś    | 5.13       |
| CO HOSPITAL INPATIENT TOTAL  | 71<br>16               | 231             | Ψ      | 258,883.06     |        | 1120.71   | .004      |               | Y    | 4.95       |
|                              |                        |                 |        |                |        |           |           |               |      |            |
| HSC HOSPITALS                | 15                     | 226             |        | 255,724.10     |        | 1131.52   | .004      |               |      | 4.89       |
| NON-HSC HOSPITALS TOTAL      | 2                      | 5               |        | 3,158.96       |        | 631.79    | .000      | 1579.48       |      | .06        |
| ACCOMMODATIONS               | 2                      | 5               |        | 1,459.80       |        | 291.96    | .000      | 729.90        |      | .03        |
| ADMINISTRATIVE DAYS          | 0                      | 0               |        | .00            |        | .00       | .000      | .00           |      | .00        |
| TRANSITIONAL IP CARE         | 0                      | 0               |        | .00            |        | .00       | .000      | .00           |      | .00        |
| ALL OTHER ACCOM              | 2                      | 5               |        | 1,459.80       |        | 291.96    | .000      |               |      | .03        |
|                              | 2                      | 0               |        | 1,699.16       |        | .00       | .000      |               |      | .03        |
| ANCILLARIES                  | 0                      | 0               |        |                |        |           |           |               |      |            |
| INPATIENT CROSSOVERS         | <del>-</del>           |                 |        | .00            |        | .00       | .000      |               |      | .00        |
| ALL OTHER INPATIENT          | 0                      | 0               |        | .00            |        | .00       | .000      | .00           |      | .00        |
| CO HOSP OUTPATIENT TOTAL     | 56                     | 346             |        | 9,368.34       |        | 27.08     | .007      | 167.29        |      | .18        |
| MEDICAL                      | 23                     | 42              |        | 1,059.50       |        | 25.23     | .001      |               |      | .02        |
| SURGERY                      | 6                      | 8               |        | 359.54         |        | 44.94     | .000      |               |      | .01        |
| PATHOLOGY                    | 16                     | 110             |        | 1,547.23       |        | 14.07     | .002      |               |      | .03        |
|                              |                        |                 |        |                |        |           |           |               |      |            |
| RADIOLOGY                    | 15                     | 22              |        | 1,506.16       |        | 68.46     |           |               |      | .03        |
| ROOM USE                     | 26                     | 57              |        | 2,221.88       |        | 38.98     |           |               |      | .04        |
| CROSSOVERS/ALL OTH OUTPTNT   | 39                     | 107             |        | 2,674.03       |        | 24.99     | .002      | 68.56         |      | .05        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND  | EXPENDITURE     | ES MOI | NTH-OF-PAYMENT | REPORT | r for Jan | 2004 THRU | DEC 2004      | PA   | AGE 10,723 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL | _               |        |                |        |           |           |               |      | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FO |                 | Y NE   | EDY - DISABLED |        |           |           |               |      | , -, -,    |
|                              |                        |                 | ,      |                |        |           |           | MONTHIY AVERA | CF - |            |

|   |                 | OR DAYS OF CARE    |      |                    | ושת   | R UNIT/DAY         | DED ELIC  |     | USER                    |    | ELIGIBLE    |
|---|-----------------|--------------------|------|--------------------|-------|--------------------|-----------|-----|-------------------------|----|-------------|
| @COMMUNITY HOSPITAL TOTAL   | 6,100           |                    | \$   | 16,644,504.07      |       | 233.90             |           |     | 2728.61                 |    | 318.38      |
| COMM HOSP INPATIENT TOTAL   | 1,362           | 12,359             | Y    |                    |       |                    | .236      |     | 11076.98                | Y  | 288.59      |
| HSC HOSPITALS   | 1,022           | 10,662             |      | 13,143,169.01      |       | 1220.72<br>1232.71 | .204      |     | 12860.24                |    | 251.41      |
| NON-HSC HOSPITALS TOTAL   | 128             | 1,697              |      | 1,670,516.97       |       | 984 39             | .032      |     | 13050.91                |    | 31.95       |
| ACCOMMODATIONS  | 126             | 1,697              |      | 726,363.74         |       | 984.39<br>428.03   | .032      |     | 5764.79                 |    | 13.89       |
| ADMINISTRATIVE DAYS   | 11              | 102                |      | 18,601.10          |       | 182.36             | .002      |     | 1691.01                 |    | .36         |
| TRANSITIONAL IP CARE  | 0               | 0                  |      | .00                |       | .00                | .000      |     | .00                     |    | .00         |
| ALL OTHER ACCOM   | 116             | 1,595              |      | 707,762.64         |       | 443.74             | .031      |     | 6101.40                 |    | 13.54       |
| ANCILLARIES   | 128             | 0                  |      | 944,153.23         |       | .00                | .000      |     | 7376.20                 |    | 18.06       |
| INPATIENT CROSSOVERS  | 270             | 0                  |      | 273,154.64         |       | .00                | .000      |     | 1011.68                 |    | 5.23        |
| ALL OTHER INPATIENT   | 0               | 0                  |      | .00                |       | .00                | .000      |     |                         |    | .00         |
| COMM HOSP OUTPATIENT TOTAL  | 5,158           | 58,803             |      | 1,557,663.45       |       | 26.49              | 1.125     |     | .00<br>301.99<br>121.44 |    | 29.80       |
| MEDICAL   | 991             | 1,783              |      | 120,345.11         |       | 67.50              | .034      |     | 121.44                  |    | 2.30        |
| SURGERY   | 273             | 329                |      | 19,722.21          |       | 59.95              | .006      |     | 72.24                   |    | .38         |
| PATHOLOGY   | 1,868           | 18,054             |      | 126,422.39         |       | 7.00               | .345      |     | 67.68                   |    | 2.42        |
| RADIOLOGY   | 1,061           | 2,426              |      | 218,477.10         |       | 90.06              | .046      |     | 205.92                  |    | 4.18        |
| ROOM USE  | 2,089           | 4,047              |      | 157,102.91         |       | 38.82              | .077      |     | 75.20                   |    | 3.01        |
| CROSSOVERS/ALL OTH OUTPTNT  |                 | 32,164             |      | 915,593.73         |       | 28.47              | .615      |     | 298.82                  |    | 17.51       |
| @STATE HOSPITAL   |                 | 167                | \$   |                    |       | 546.47             |           | \$  | 45630.54                | \$ | 1.75        |
| <pre>@STATE HOSPITAL    MENTALLY ILL    DEVELOP. DISABLED @NURSING FACILITY</pre> | 0               | 0                  |      | .00                |       | .00                | .000      |     | .00                     |    | .00         |
| DEVELOP. DISABLED   | 2               | 167                |      | 91,261.07          |       | 546.47             | .003      |     | 45630.54                |    | 1.75        |
| @NURSING FACILITY   | 3,395           | 105,693            | \$   | 14,372,190.23      | \$    | 135.98             | 2.022     | \$  | 4233.34                 | \$ | 274.92      |
| LEV A-INTERMEDIATE  | 89              | 2,896              |      | 152,640.74         |       | 52.71              | .055      |     | 1715.06                 |    | 2.92        |
| LEV B-REHAB MD  | 257             | 8,319              |      | 832,747.72         |       | 100.10             | .159      |     | 3240.26                 |    | 15.93       |
| LEV B-SUBACUTE FREESTANDING   | 3               | 103                |      | 35,533.04          |       | 344.98             | .002      |     | 11844.35                |    | .68         |
| LEV B-SUBACUTE HSPTL BASED  | 125             | 4,535              |      | 2,480,161.03       |       | 546.89             | .087      |     | 19841.29                |    | 47.44       |
| LEV B-TRANSITIONAL IP CARE  | 0               | 0                  |      | .00                |       | .00                | .000      |     | .00                     |    | .00         |
| LEV B-REGULAR   | 2,935           | 89,840             |      | 10,871,107.70      |       | 121.01             | 1.719     |     | 3703.95                 |    | 207.95      |
| @INTERMEDIATE CARE FACILDD  | 1,029           | 31,787             | \$   | 4,658,621.08       | \$    | 146.56             | .608      | \$  | 4527.33                 | \$ | 89.11       |
| ICF DDH   | 617             | 19,384             |      | 2,927,335.33       |       | 151.02             | .371      |     | 4744.47                 |    | 56.00       |
| ICF DD  | 311<br>101      | 9,360              |      | 1,166,504.86       |       | 124.63             | .179      |     | 3750.82                 |    | 22.31       |
| ICF DDN/DDCN  | 101             | 3,043              |      | 564,780.89         |       | 185.60             | .058      |     | 5591.89                 |    | 10.80       |
| @HEMODIALYSIS TOTAL   | 1,038           | 34,454             | \$   | 1,267,875.52       | \$    | 36.80              | .659      | \$  | 1221.46                 | \$ | 24.25       |
| HOSPITAL BASED  | 4               | 41                 |      | 8,097.90           |       | 197.51             | .001      |     | 2024.48                 |    | .15         |
| HEMODIALYSIS CENTER   | 1,034           | 34,413             |      | 1,259,777.62       |       | 36.61              | .658      |     | 1218.35                 |    | 24.10       |
| @REHABILITATION FACILITY  | 316             | 4,446              | \$   |                    | \$    |                    |           | \$  | 246.19                  | \$ | 1.49        |
| HOSPITAL BASED  | 73              | 460                |      | 12,573.10          |       | 27.33              | .009      |     | 172.23                  |    | .24         |
| INDEPENDENT FACILITY  | 243             | 3 <b>,</b> 986     |      | 65,223.00          |       |                    | .076      |     | 268.41                  |    | 1.25        |
| @LABORATORY FACILITY  | 1,8/4           | 9,680              | \$   |                    | \$    |                    | .185      | \$  |                         | \$ | 2.05        |
| PATHOLOGY   | 1,816           | 9,438              |      | 105,831.81         |       |                    | .181      |     | 58.28                   |    | 2.02        |
| XO AND OTHERS   | 59              | 242                |      | 1,227.62           |       | 5.07               | .005      |     | 20.81                   |    | .02         |
| @ORGANIZED OUTPATIENT CLINIC  | 1,136           | 2 <b>,</b> 751     | \$   |                    | \$    |                    | .053      | \$  |                         | \$ | 2.19        |
| CLINIC  | 740             | 1,767              |      | 33,769.97          |       | 19.11              | .034      |     | 45.64                   |    | .65         |
| SURGICENTER   | 91              | 447                |      | 20,355.44          |       | 45.54              | .009      |     | 223.69                  |    | .39         |
| HEROIN DETOX CLINIC   | 2               | 17                 |      | 221.65             |       | 13.04              | .000      |     | 110.83                  |    | .00         |
| RURAL HEALTH CLINIC   |                 | 520                |      |                    |       |                    |           |     |                         |    | 1.15        |
| #CALIF DEPT OF HEALTH SERV  |                 | ES AND EXPENDITURE | S M  | ONTH-OF-PAYMENT RI | EPOR' | T FOR JAN 2        | 2004 THRU | DEC | 2004                    | F  | PAGE 10,724 |
| MOP024  | FEE-FOR-SERVICE | •                  |      |                    |       |                    |           |     |                         |    | 03/14/05    |
| SACRAMENTO COUNTY   | SUMMARY OF SERV | ICES FOR MEDICALI  | LY N | EEDY - DISABLED    |       |                    |           |     |                         |    |             |
| 50 050  |                 |                    |      |                    |       |                    | M         |     |                         |    |             |
| 52,278 ELIGIBLES  | USERS           | UNITS OF SERVICE   |      | EXPENDITURES       |       |                    |           |     |                         |    | COST PER    |
| Oll Office Decision   | 0 0 4 4         | OR DAYS OF CARE    |      | 0 150 650 50       |       | R UNIT/DAY         |           |     | USER                    |    | ELIGIBLE    |
| @ALL OTHER PROVIDERS  | 8,344           | 683,536            | Ş    |                    | \$    |                    |           | Ş   | 378.55                  | Ş  |             |
| DURABLE MED. EQUIP.   | 751             | 5,829              |      | 530,127.89         |       | 90.95              | .112      |     | 705.90                  |    | 10.14       |
| BLOOD BANK  | 0               | 0                  |      | .00                |       | .00                | .000      |     | .00                     |    | .00         |

| HEARING AID DISPENSERS         | 17    | 21               | 7,140.56            | 340.03      | .000  | 420.03     | . 1     | 14  |
|--------------------------------|-------|------------------|---------------------|-------------|-------|------------|---------|-----|
| MEDICAL TRANSPORTATION         | 1,930 | 157,779          | 580,049.53          | 3.68        | 3.018 | 300.54     | 11.1    | L O |
| AMBULANCES/AIR TRANS           | 801   | 6,435            | 108,341.36          | 16.84       | .123  | 135.26     | 2.0     | )7  |
| OTHER TRANS                    | 1,042 | 150,495          | 465,200.04          | 3.09        | 2.879 | 446.45     | 8.9     | ∂0  |
| OTHER SERVICES                 | 156   | 849              | 6,508.13            | 7.67        | .016  | 41.72      | . 1     | 12  |
| ACUPUNCTURE                    | 50    | 108              | 1,935.53            | 17.92       | .002  | 38.71      | . (     | 04  |
| ADULT DAY HEALTH CARE CTR      | 214   | 3,824            | 252,467.84          | 66.02       | .073  | 1179.76    | 4.8     | 33  |
| GENETIC DISEASE TESTING        | 2     | 2                | 210.00              | 105.00      | .000  | 105.00     | . (     | 0 C |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 285   | 13,065           | 339,145.52          | 25.96       | .250  | 1189.98    | 6.4     | 19  |
| OCCUPATIONAL THERAPIST         | 1     | 46               | 145.03              | 3.15        | .001  | 145.03     | . (     | 0 C |
| OPTICIAN                       | 905   | 2,082            | 23,843.17           | 11.45       | .040  | 26.35      | . 4     | 46  |
| PHYSICAL THERAPIST             | 31    | 241              | 3,399.92            | 14.11       | .005  | 109.67     | . (     | 7 ( |
| PORTABLE X-RAY                 | 94    | 192              | 1,985.10            | 10.34       | .004  | 21.12      | . (     | )4  |
| PROSTHETIST/ORTHOTISTS         | 78    | 424              | 48,063.65           | 113.36      | .008  | 616.20     | • -     | 92  |
| PROSTHETICS                    | 78    | 424              | 48,063.65           | 113.36      | .008  | 616.20     | • -     | 92  |
| ORTHOTICS                      | 0     | 0                | .00                 | .00         | .000  | .00        | . (     | 0 C |
| PSYCHOLOGIST                   | 19    | 28               | 708.66              | 25.31       | .001  | 37.30      | . (     | 01  |
| SPEECH AND AUDIOLOGY           | 825   | 3 <b>,</b> 251   | 144,038.29          | 44.31       | .062  | 174.59     | 2.7     | 16  |
| HOSPICE SERVICES               | 104   | 2 <b>,</b> 789   | 381,443.68          | 136.77      | .053  | 3667.73    | 7.3     | 30  |
| NONINST BIRTHING CENTERS       | 0     | 0                | .00                 | .00         | .000  | .00        | . (     | 0.0 |
| LOCAL EDUCATION AGENCIES       | 1,560 | 73 <b>,</b> 194  | 439,499.95          | 6.00        | 1.400 | 281.73     | 8.4     | 11  |
| EPSDT SUPPLEMENTAL SERVICE     | 80    | 6,066            | 177 <b>,</b> 892.87 | 29.33       | .116  | 2223.66    | 3.4     | 10  |
| RESPIRATORY CARE PRACT.        | 0     | 0                | .00                 | .00         | .000  | .00        | . (     | 0 C |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00                 | .00         | .000  | .00        | . (     | 0 C |
| ALL OTHER PROVIDERS            | 2,332 | 414 <b>,</b> 595 | 226 <b>,</b> 561.59 | .55         | 7.931 | 97.15      | 4.3     | 33  |
| @CALIF. CHILDREN SERVICES*     | 612   | 20,732           | \$<br>651,489.20    | \$<br>31.42 |       | \$ 1064.52 | \$ 12.4 | 16  |
| @XOVER EXCLUDING STATE HOSP**  | 9,336 | 196 <b>,</b> 455 | \$<br>1,778,634.43  | \$<br>9.05  | 3.758 | \$ 190.51  | \$ 34.0 | )2  |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,725 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

|                              |        |                  |                                 |    |            | M         | ONT | HLY AVERA | GE |          |
|------------------------------|--------|------------------|---------------------------------|----|------------|-----------|-----|-----------|----|----------|
| 215,668 ELIGIBLES            | USERS  | UNITS OF SERVICE | EXPENDITURES                    | AV | ERAGE COST | UNITS/DAY | S   | COST PER  |    | COST PER |
|                              |        | OR DAYS OF CARE  |                                 | PΕ | R UNIT/DAY | PER ELIG  |     | USER      |    | ELIGIBLE |
| @OPTOMETRIST                 | 802    | 2,499            | \$<br>56,232.14                 | \$ | 22.50      | .012      | \$  | 70.11     | \$ | .26      |
| DIAGNOSTIC AND ANC. PROCED   | 664    | 715              | 29 <b>,</b> 902.95              |    | 41.82      | .003      |     | 45.03     |    | .14      |
| EYE APPLIANCES               | 602    | 1,769            | 25,944.35                       |    | 14.67      | .008      |     | 43.10     |    | .12      |
| OTHER OPTOMETRIC SERVICES    | 15     | 15               | 384.84                          |    | 25.66      | .000      |     | 25.66     |    | .00      |
| @CHIROPRACTOR                | 20     | 31               | \$<br>509.96                    | \$ | 16.45      | .000      | \$  | 25.50     | \$ | .00      |
| VISITS                       | 20     | 31               | 509.96                          |    | 16.45      | .000      |     | 25.50     |    | .00      |
| OTHER SERVICES               | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| @PODIATRIST                  | 56     | 81               | \$<br>3,161.24                  | \$ | 39.03      | .000      | \$  | 56.45     | \$ | .01      |
| MEDICINE/INJECTIONS          | 46     | 53               | 2,268.64                        |    | 42.80      | .000      |     | 49.32     |    | .01      |
| SURGERY/ANES.                | 8      | 11               | 480.50                          |    | 43.68      | .000      |     | 60.06     |    | .00      |
| RADIO./PATHOLOGY             | 5      | 6                | 112.44                          |    | 18.74      | .000      |     | 22.49     |    | .00      |
| OTHER                        | 9      | 11               | 299.66                          |    | 27.24      | .000      |     | 33.30     |    | .00      |
| @HOME HEALTH AGENCY          | 229    | 3,383            | \$<br>128,673.57                | \$ | 38.04      | .016      | \$  | 561.89    | \$ | .60      |
| NURSE ANESTHESIST            | 62     | 393              | \$                              | \$ | 20.84      | .002      | \$  | 132.10    | \$ | .04      |
| NURSE MIDWIFE                | 53     | 511              | \$                              | \$ |            | .002      | \$  | 285.35    | \$ | .07      |
| PEDIATRIC NURSE PRACTITIONER | 1      | 1                | \$                              | \$ |            | .000      |     | 57.20     |    | .00      |
| FAMILY NURSE PRACTITIONER    | 91     | 246              | \$<br>6,610.00                  | \$ |            | .001      |     | 72.64     |    | .03      |
| @TOTAL HOSPITAL              | 16,602 | 81,509           | \$<br>6,610.00<br>19,885,065.89 | \$ | 243.96     |           |     | 1197.75   |    | 92.20    |
| HOSP INPATIENT TOTAL         | 3,063  | 13,366           | 18,203,253.32                   |    | 1361.91    | .062      |     | 5942.95   |    | 84.40    |
| HSC HOSPITALS                | 2,920  | 12,560           | 16,950,217.04                   |    | 1349.54    | .058      |     | 5804.87   |    | 78.59    |
| NON-HSC HOSPITAL TOTAL       | 146    | 806              | 1,245,482.96                    |    | 1545.26    | .004      |     | 8530.71   |    | 5.78     |
| ACCOMMODATIONS               | 141    | 806              | 629,509.48                      |    | 781.03     | .004      |     | 4464.61   |    | 2.92     |
| ADMINISTRATIVE DAYS          | 1      | 1                | 231.30                          |    | 231.30     | .000      |     | 231.30    |    | .00      |
| TRANSITIONAL IP CARE         | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| ALL OTHER ACCOM              | 140    | 805              | 629,278.18                      |    | 781.71     | .004      |     | 4494.84   |    | 2.92     |
| ANCILLARIES                  | 144    | 0                | 615,973.48                      |    | .00        | .000      |     | 4277.59   |    | 2.86     |
| INPATIENT CROSSOVERS         | 8      | 0                | 7,553.32                        |    | .00        | .000      |     | 944.17    |    | .04      |
| ALL OTHER INPATIENT          | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| HOSP OUTPATIENT TOTAL        | 14,823 | 68,143           | 1,681,812.57                    |    | 24.68      | .316      |     | 113.46    |    | 7.80     |
| MEDICAL                      | 2,332  | 3,211            | 106,742.68                      |    | 33.24      | .015      |     | 45.77     |    | .49      |
| SURGERY                      | 1,222  | 1,669            | 56,677.45                       |    | 33.96      | .008      |     | 46.38     |    | .26      |
| PATHOLOGY                    | 5,359  | 28,621           | 262,685.88                      |    | 9.18       | .133      |     | 49.02     |    | 1.22     |
| RADIOLOGY                    | 3,529  | 5,259            | 432,693.02                      |    | 82.28      | .024      |     | 122.61    |    | 2.01     |
| ROOM USE                     | 8,715  | 11,297           | 420,068.81                      |    | 37.18      | .052      |     | 48.20     |    | 1.95     |
| CROSSOVERS/ALL OTH OUTPINT   | 7,509  | 18,086           | 402,944.73                      |    | 22.28      | .084      |     | 53.66     |    | 1.87     |
| @COUNTY HOSPITAL TOTAL       | 188    | 1,323            | \$                              | \$ | 310.95     | .006      | \$  | 2188.22   | \$ | 1.91     |
| CO HOSPITAL INPATIENT TOTAL  | 43     | 304              | 377,945.36                      |    | 1243.24    | .001      |     | 8789.43   |    | 1.75     |
| HSC HOSPITALS                | 43     | 304              | 377,945.36                      |    | 1243.24    | .001      |     | 8789.43   |    | 1.75     |
| NON-HSC HOSPITALS TOTAL      | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| ACCOMMODATIONS               | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| ADMINISTRATIVE DAYS          | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| TRANSITIONAL IP CARE         | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| ALL OTHER ACCOM              | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| ANCILLARIES                  | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| INPATIENT CROSSOVERS         | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| ALL OTHER INPATIENT          | 0      | 0                | .00                             |    | .00        | .000      |     | .00       |    | .00      |
| CO HOSP OUTPATIENT TOTAL     | 163    | 1,019            | 33,440.73                       |    | 32.82      | .005      |     | 205.16    |    | .16      |
| MEDICAL                      | 37     | 60               | 2,182.12                        |    | 36.37      | .000      |     | 58.98     |    | .01      |
| SURGERY                      | 39     | 64               | 1,855.24                        |    | 28.99      | .000      |     | 47.57     |    | .01      |
| PATHOLOGY                    | 71     | 429              | 6,593.82                        |    | 15.37      | .002      |     | 92.87     |    | .03      |
| RADIOLOGY                    | 31     | 56               | 5,698.31                        |    | 101.76     | .000      |     | 183.82    |    | .03      |
| ROOM USE                     | 90     | 176              | 9,062.04                        |    | 51.49      | .001      |     | 100.69    |    | .04      |
|                              |        |                  |                                 |    |            |           |     |           |    |          |

CROSSOVERS/ALL OTH OUTPTNT 98 234 8,049.20 34.40 .001 82.13 .04 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,727

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

| DITOTULE NICO COCKII                                   | SOLITIME OF SERVE |                  |        | VIIII                    |        |            |          | MONI    | THLY AVERA | CF |            |
|--|-------------------|------------------|--------|--------------------------|--------|------------|----------|---------|------------|----|------------|
| 215,668 ELIGIBLES                                      | USERS             | UNITS OF SERVICE | 7      | EXPENDITURES             | ΔVEI   | RAGE COST  | UNITS/DA |         | COST PER   |    | COST PER   |
| 210,000 EETCIDEEC                                      | OBLIND            | OR DAYS OF CAR   |        | EXTENDITORES             |        |            | PER EL   |         | USER       |    | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL                              | 16,430            | 80,186           | \$     | 19,473,679.80            | \$     |            |          |         | 1185.25    |    | 90.29      |
| COMM HOSP INPATIENT TOTAL                              | 3,020             | 13,062           | Ψ      | 17,825,307.96            |        | 1364.67    | .061     |         | 5902.42    | ٧  | 82.65      |
| HSC HOSPITALS  | 2,877             | 12,256           |        | 16,572,271.68            |        | 1352.18    | .05      |         | 5760.26    |    | 76.84      |
| NON-HSC HOSPITALS TOTAL                                | 146               | 806              |        | 1,245,482.96             |        | 1545.26    | .004     |         | 8530.71    |    | 5.78       |
| ACCOMMODATIONS   | 141               | 806              |        | 629,509.48               |        | 781.03     | .004     |         | 4464.61    |    | 2.92       |
| ACCOMMODATIONS ADMINISTRATIVE DAYS                     | 1                 | 1                |        | 231.30                   |        | 231.30     | .00      |         | 231.30     |    | .00        |
| TRANSITIONAL IP CARE                                   | 0                 | 0                |        | .00                      |        | .00        | .000     |         | .00        |    | .00        |
| ALL OTHER ACCOM  | 140               | 805              |        | 629,278.18               |        | 781.71     | .004     |         | 4494.84    |    | 2.92       |
| ANCILLARIES  | 144               | 0                |        | 615,973.48               |        | .00        | .000     |         | 4277.59    |    | 2.86       |
| INPATIENT CROSSOVERS                                   | 8                 | 0                |        | 7,553.32                 |        | .00        | .000     |         | 944.17     |    | .04        |
| ALL OTHER INPATIENT                                    | 0                 | 0                |        | .00                      |        | .00        | .000     |         | .00        |    | .00        |
|  | 14,674            | 67,124           |        | 1,648,371.84             |        | 24.56      | .31      |         | 112.33     |    | 7.64       |
| MEDICAL  | 2,296             | 3,151            |        | 104,560.56               |        | 33.18      | .01      |         | 45.54      |    | .48        |
| SURGERY  | 1,183             | 1,605            |        | 54,822.21                |        | 34.16      | .00      |         | 46.34      |    | .25        |
| PATHOLOGY  | 5 <b>,</b> 294    | 28,192           |        | 256,092.06               |        | 9.08       | .13      |         | 48.37      |    | 1.19       |
| RADIOLOGY  | 3,501             | 5,203            |        | 426,994.71               |        | 82.07      | .024     |         | 121.96     |    | 1.98       |
| ROOM USE   | 8,632             | 11,121           |        | 411,006.77               |        | 36.96      | .052     |         | 47.61      |    | 1.91       |
| CROSSOVERS/ALL OTH OUTPTNT                             | 7 411             | 17,852           |        | 394,895.53               |        | 22.12      | .083     |         | 53.29      |    | 1.83       |
| @STATE HOSPITAL  | 0                 | 0                | \$     | .00                      | \$     | .00        |          | ) \$    | .00        | Ċ  | .00        |
| MENTALLY ILL   | 0                 | 0                | Ÿ      | .00                      | Ÿ      | .00        | .000     |         | .00        | Y  | .00        |
| DEVELOP. DISABLED                                      | 0                 | 0                |        | .00                      |        | .00        | .000     |         | .00        |    | .00        |
| @NURSING FACILITY                                      | 20                | 479              | Ś      | 162,847.81               | \$     | 339.97     | .002     |         | 8142.39    | Ġ  | .76        |
| LEV A-INTERMEDIATE                                     | 0                 | 0                | Y      | .00                      | Ÿ      | .00        | .002     |         | .00        | Y  | .00        |
| LEV A INTERMEDIATE                                     | 0                 | 0                |        | .00                      |        | .00        | .000     |         | .00        |    | .00        |
| LEV B-SUBACUTE FREESTANDING                            | •                 | 199              |        | 122,164.11               |        | 613.89     | .003     |         | 24432.82   |    | .57        |
| LEV B SUBACUTE PREESTANDING LEV B-SUBACUTE HSPTL BASED | 0                 | 0                |        | 1,979.10                 |        | .00        | .00      |         | .00        |    | .01        |
| LEV B SOBACOTE HISTER BASED                            | 0                 | 0                |        | .00                      |        | .00        | .000     |         | .00        |    | .00        |
| LEV B-REGULAR  | 15                | 280              |        | 38,704.60                |        | 138.23     | .00      |         | 2580.31    |    | .18        |
| @INTERMEDIATE CARE FACILDD                             | 0                 | 0                | Ś      | .00                      | \$     | .00        | .000     |         | .00        | Ś  | .00        |
| ICF DDH  | 0                 | 0                | Ψ      | .00                      | ٧      | .00        | .000     |         | .00        | ٧  | .00        |
| ICF DD   | 0                 | 0                |        | .00                      |        | .00        | .000     |         | .00        |    | .00        |
| ICF DDN/DDCN   | 0                 | 0                |        | .00                      |        | .00        | .000     |         | .00        |    | .00        |
| @HEMODIALYSIS TOTAL                                    | 132               | 13,652           | \$     | 352,123.27               | \$     | 25.79      |          |         | 2667.60    | Ś  | 1.63       |
| HOSPITAL BASED   | 7                 | 71               | Ψ      | 19,324.31                | ٧      | 272.17     | .000     |         | 2760.62    | ٧  | .09        |
| HEMODIALYSIS CENTER                                    | 125               | 13,581           |        | 332,798.96               |        | 24.50      | .063     |         | 2662.39    |    | 1.54       |
| @REHABILITATION FACILITY                               | 207               | 1,239            | \$     | 27,601.88                |        | 22.28      |          | \$      |            | Ś  | .13        |
| HOSPITAL BASED   | 92                | 289              | Ψ.     | 9,542.73                 | Ψ      | 33.02      | .001     |         | 103.73     | т  | .04        |
| INDEPENDENT FACILITY                                   | 116               | 950              |        | 18,059.15                |        | 19.01      | .004     |         | 155.68     |    | .08        |
| @LABORATORY FACILITY                                   | 8,385             | 25 <b>,</b> 407  | Ś      | 325,089.77               | \$     | 12.80      | .118     |         | 38.77      | Ś  | 1.51       |
| PATHOLOGY  | 8,383             | 25,403           | Ψ      | 325,063.12               | ٧      | 12.80      | .118     |         | 38.78      | ٧  | 1.51       |
| XO AND OTHERS  | 3                 | 4                |        | 26.65                    |        | 6.66       | .000     |         | 8.88       |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC                           | 6,848             | 22,565           | \$     | 869,358.84               |        | 38.53      |          | 5 \$    | 126.95     | Ś  | 4.03       |
| CLINIC   | 5 <b>,</b> 171    | 19,115           | Ψ      | 538,053.51               | ٧      | 28.15      | .089     |         | 104.05     | ٧  | 2.49       |
| SURGICENTER  | 153               | 874              |        | 26,832.01                |        | 30.70      | .004     |         | 175.37     |    | .12        |
| HEROIN DETOX CLINIC                                    | 14                | 173              |        | 1,876.67                 |        | 10.85      | .001     |         | 134.05     |    | .01        |
| RURAL HEALTH CLINIC                                    | 1,521             | 2,403            |        | 302,596.65               |        | 125.92     | .01      |         | 198.95     |    | 1.40       |
| #CALIF DEPT OF HEALTH SERV                             |                   |                  | RES N  | MONTH-OF-PAYMENT I       | REPORT |            |          |         |            | P  | AGE 10,728 |
| MOP024   | FEE-FOR-SERVICE   |                  |        | 101.111 01 11111111111 1 | 01(1   | 2010 01111 |          | , ,,,,( | 2001       | Δ. | 03/14/05   |
| SACRAMENTO COUNTY                                      | SUMMARY OF SERVI  |                  | 'I'A V | JEEDY - FAMILIES         |        |            |          |         |            |    | 00/11/00   |
| 5115111111110 0001111                                  | SCILLING OF SHIVE | ione impion      |        |                          |        |            |          |         |            |    |            |

|                                  |                 |                  |      |              |              | MC         | NTHLY AVERA | GE       |
|----------------------------------|-----------------|------------------|------|--------------|--------------|------------|-------------|----------|
| 215,668 ELIGIBLES                | USERS           | UNITS OF SERVIC  | Œ    | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                                  |                 | OR DAYS OF CAR   | RE   |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @ALL OTHER PROVIDERS             | 25 <b>,</b> 661 | 170,287          | \$   | 1,689,312.66 | \$ 9.92      | .790       | \$ 65.83    | \$ 7.83  |
| DURABLE MED. EQUIP.              | 246             | 1,313            |      | 65,458.69    | 49.85        | .006       | 266.09      | .30      |
| BLOOD BANK                       | 0               | 0                |      | .00          | .00          | .000       | .00         | .00      |
| HEARING AID DISPENSERS           | 0               | 0                |      | .00          | .00          | .000       | .00         | .00      |
| MEDICAL TRANSPORTATION           | 1,260           | 15,994           |      | 213,314.49   | 13.34        | .074       | 169.30      | .99      |
| AMBULANCES/AIR TRANS             | 1,235           | 8,915            |      | 152,043.52   | 17.05        | .041       | 123.11      | .70      |
| OTHER TRANS                      | 26              | 7,043            |      | 20,190.55    | 2.87         | .033       | 776.56      | .09      |
| OTHER SERVICES                   | 36              | 36               |      | 41,080.42    | 1141.12      | .000       | 1141.12     | .19      |
| ACUPUNCTURE                      | 8               | 16               |      | 324.37       | 20.27        | .000       | 40.55       | .00      |
| ADULT DAY HEALTH CARE CTR        | 4               | 38               |      | 2,664.92     | 70.13        | .000       | 666.23      | .01      |
| GENETIC DISEASE TESTING          | 1,483           | 1,488            |      | 156,120.00   | 104.92       | .007       | 105.27      | .72      |
| IHMC, MODEL-NF, NF, AIDS, MSSP   | 6               | 139              |      | 60,813.65    | 437.51       | .001       | 10135.61    | .28      |
| OCCUPATIONAL THERAPIST           | 1               | 6                |      | 124.19       | 20.70        | .000       | 124.19      | .00      |
| OPTICIAN                         | 6 <b>,</b> 808  | 14,233           |      | 131,730.97   | 9.26         | .066       | 19.35       | .61      |
| PHYSICAL THERAPIST               | 14              | 77               |      | 1,214.61     | 15.77        | .000       | 86.76       | .01      |
| PORTABLE X-RAY                   | 1               | 3                |      | 87.96        | 29.32        | .000       | 87.96       | .00      |
| PROSTHETIST/ORTHOTISTS           | 73              | 120              |      | 16,425.25    | 136.88       | .001       | 225.00      | .08      |
| PROSTHETICS                      | 72              | 118              |      | 16,307.33    | 138.20       | .001       | 226.49      | .08      |
| ORTHOTICS                        | 1               | 2                |      | 117.92       | 58.96        | .000       | 117.92      | .00      |
| PSYCHOLOGIST                     | 19              | 67               |      | 1,441.25     | 21.51        | .000       | 75.86       | .01      |
| SPEECH AND AUDIOLOGY             | 16              | 94               |      | 4,538.28     | 48.28        | .000       | 283.64      | .02      |
| HOSPICE SERVICES                 | 11              | 150              |      | 20,218.94    | 134.79       | .001       | 1838.09     | .09      |
| NONINST BIRTHING CENTERS         | 8               | 8                |      | 8,015.08     | 1001.89      | .000       | 1001.89     | .04      |
| LOCAL EDUCATION AGENCIES         | 15 <b>,</b> 679 | 94,562           |      | 950,751.99   | 10.05        | .438       | 60.64       | 4.41     |
| EPSDT SUPPLEMENTAL SERVICE       | 11              | 880              |      | 25,880.80    | 29.41        | .004       | 2352.80     | .12      |
| RESPIRATORY CARE PRACT.          | 0               | 0                |      | .00          | .00          | .000       | .00         | .00      |
| PED SUBACUTE REHAB/WEANING       | 0               | 0                |      | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER PROVIDERS              | 165             | 41,099           |      | 30,187.22    | .73          | .191       | 182.95      | .14      |
| @CALIF. CHILDREN SERVICES*       | 4,272           | 117,354          | \$   | 9,205,447.72 | \$ 78.44     | .544       | \$ 2154.83  | \$ 42.68 |
| @XOVER EXCLUDING STATE HOSP**    | 122             | 729              | \$   | 23,645.44    | \$ 32.44     | .003       | \$ 193.82   | \$ .11   |
| A* TOTALS IN THESE ITMES ARE CTY | JEN AC A CEDA   | DATE THEODMATION | ТФБМ | ONT V •      |              |            |             |          |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,729
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| BIGIGIANIO COOMII         | CONTRACT OF CHARLES FOR MEDICALES NUMBER TOTAL |                  |    |                     |              |            |             |      |          |
|---------------------------|--|------------------|----|---------------------|--------------|------------|-------------|------|----------|
|                           |  |                  |    |                     |              | MO         | NTHLY AVERA | GE - |          |
| 344,076 ELIGIBLES         | USERS  | UNITS OF SERVIC  | E  | EXPENDITURES        | AVERAGE COST | UNITS/DAYS | COST PER    | С    | COST PER |
|                           |  | OR DAYS OF CAR   | E  |                     | PER UNIT/DAY | PER ELIG   | USER        | F    | LIGIBLE  |
| @TOTAL, ALL PROVIDERS     | 198 <b>,</b> 321                               | 5,042,187        | \$ | 183,772,527.72      | \$ 36.45     | 14.654     | \$ 926.64   | \$   | 534.10   |
| @PHYSICIANS SERVICES      | 56 <b>,</b> 001                                | 218 <b>,</b> 189 | \$ | 10,587,984.39       | \$ 48.53     | .634       | \$ 189.07   | \$   | 30.77    |
| OUTPATIENT VISITS         | 29,064   | 44,901           |    | 1,899,368.70        | 42.30        | .130       | 65.35       |      | 5.52     |
| OFFICE VISITS             | 16 <b>,</b> 885                                | 22,312           |    | 775,459.64          | 34.76        | .065       | 45.93       |      | 2.25     |
| HOME VISITS               | 14   | 22               |    | 826.55              | 37.57        | .000       | 59.04       |      | .00      |
| EMERGENCY ROOM            | 6,903  | 7,848            |    | 487,962.06          | 62.18        | .023       | 70.69       |      | 1.42     |
| PREVENTIVE CARE           | 40   | 40               |    | 1,610.48            | 40.26        | .000       | 40.26       |      | .00      |
| OB VISITS/COMPRE PERI     | 4 <b>,</b> 545                                 | 11,737           |    | 552 <b>,</b> 307.91 | 47.06        | .034       | 121.52      |      | 1.61     |
| OTHER OUTPATIENT          | 2,366  | 2,942            |    | 81,202.06           | 27.60        | .009       | 34.32       |      | .24      |
| INPATIENT VISITS          | 5 <b>,</b> 585                                 | 28 <b>,</b> 963  |    | 1,832,392.81        | 63.27        | .084       | 328.09      |      | 5.33     |
| HOSPITAL VISITS           | 4 <b>,</b> 755                                 | 22 <b>,</b> 780  |    | 981 <b>,</b> 206.03 | 43.07        | .066       | 206.35      |      | 2.85     |
| CRITICAL CARE             | 712  | 5,131            |    | 819 <b>,</b> 237.73 | 159.66       | .015       | 1150.61     |      | 2.38     |
| SNF/ICF/TRANS IP CARE     | 529  | 1,052            |    | 31,949.05           | 30.37        | .003       | 60.40       |      | .09      |
| OPHTHALMOLOGICAL SERVICES | 812  | 1,127            |    | 45 <b>,</b> 798.33  | 40.64        | .003       | 56.40       |      | .13      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| EXAMINATIONS               | 771            | 1,078            | 44,594.76           | 41.37       |    | 003 | 57.84        | .13          |
|----------------------------|----------------|------------------|---------------------|-------------|----|-----|--------------|--------------|
| SERVICES AND MATERIALS     | 46             | 49               | 1,203.57            | 24.56       |    | 000 | 26.16        | .00          |
| INPATIENT HOSPITAL SURGERY | 4,154          | 21,813           | 2,616,192.81        | 119.94      |    | 063 | 629.80       | 7.60         |
| PRINCIPAL SURGEON          | 3 <b>,</b> 056 | 5 <b>,</b> 119   | 2,130,138.49        | 416.12      |    | 015 | 697.03       | 6.19         |
| ASSISTANT SURGEON          | 385            | 398              | 83,092.60           | 208.78      |    | 001 | 215.82       | .24          |
| ANESTHESIOLOGIST           | 1,606          | 16,296           | 402,961.72          | 24.73       |    | 047 | 250.91       | 1.17         |
| OUTPATIENT SURGERY         | 3,254          | 7,493            | 750,003.87          | 100.09      |    | 022 | 230.49       | 2.18         |
| PRINCIPAL SURGEON          | 2,784          | 3 <b>,</b> 683   | 637,383.35          | 173.06      |    | 011 | 228.95       | 1.85         |
| ASSISTANT SURGEON          | 25             | 25               | 4,559.76            | 182.39      |    | 000 | 182.39       | .01          |
| ANESTHESIOLOGIST           | 794            | 3 <b>,</b> 785   | 108,060.76          | 28.55       |    | 011 | 136.10       | .31          |
| DIALYSIS                   | 447            | 1,938            | 136,146.55          | 70.25       |    | 006 | 304.58       | .40          |
| PATHOLOGY                  | 4,555          | 11,659           | 197,572.22          | 16.95       |    | 034 | 43.37        | .57          |
| RADIOLOGY                  | 12,383         | 30,443           | 1,390,335.13        | 45.67       |    | 088 | 112.28       | 4.04         |
| PSYCHIATRY                 | 23             | 29               | 1,786.85            | 61.62       |    | 000 | 77.69        | .01          |
| IMMUNIZATION AND INJECTION | 1,288          | 16,978           | 483,501.56          | 28.48       |    | 049 | 375.39       | 1.41         |
| OTHER SERVICES/ALL X-OVERS | 19,006         | 52,845           | 1,234,885.56        | 23.37       |    | 154 | 64.97        | 3.59         |
| @PHARMACY                  | 107,182        | 2,091,072        | \$<br>35,600,384.54 | \$<br>17.02 | 6. | 077 | \$<br>332.15 | \$<br>103.47 |
| PRESCRIPTION DRUGS         | 105,440        | 495,099          | 34,249,625.88       | 69.18       | 1. | 439 | 324.83       | 99.54        |
| SNF/ICF                    | 21,201         | 158 <b>,</b> 049 | 8,696,486.33        | 55.02       |    | 459 | 410.19       | 25.27        |
| OUTPATIENTS                | 84,880         | 337,050          | 25,553,139.55       | 75.81       |    | 980 | 301.05       | 74.27        |
| MEDICAL SUPPLIES           | 8 <b>,</b> 798 | 1,595,973        | 1,350,758.66        | .85         | 4. | 638 | 153.53       | 3.93         |
| @DENTIST                   | 11,135         | 52,402           | \$<br>1,755,948.44  | \$<br>33.51 |    | 152 | \$<br>157.70 | \$<br>5.10   |
| VISITS - DIAGNOSTIC        | 7 <b>,</b> 997 | 33 <b>,</b> 696  | 435,374.45          | 12.92       |    | 098 | 54.44        | 1.27         |
| ORAL SURGERY               | 2,060          | 5,521            | 259,394.25          | 46.98       |    | 016 | 125.92       | .75          |
| DRUGS                      | 44             | 50               | 780.00              | 15.60       |    | 000 | 17.73        | .00          |
| ANESTHESIA                 | 17             | 17               | 1,400.00            | 82.35       |    | 000 | 82.35        | .00          |
| PERIODONTICS               | 560            | 624              | 66 <b>,</b> 428.99  | 106.46      |    | 002 | 118.62       | .19          |
| ENDODONTICS                | 604            | 930              | 140,084.75          | 150.63      |    | 003 | 231.93       | .41          |
| RESTORATIVE DENTISTRY      | 2,613          | 7,107            | 362 <b>,</b> 585.63 | 51.02       |    | 021 | 138.76       | 1.05         |
| PROSTHETICS                | 76             | 82               | 2,488.50            | 30.35       |    | 000 | 32.74        | .01          |
| DENTURES, STAYPLATES       | 1,178          | 3,514            | 476,094.80          | 135.49      |    | 010 | 404.16       | 1.38         |
| SPACE MAINTAINERS          | 35             | 45               | 3,987.00            | 88.60       |    | 000 | 113.91       | .01          |
|                            |                |                  |                     |             |    |     |              |              |

| MAXILLOFACIAL SERVICES     | 7                  | 7                | 148.07                 | 21.15     | .000        | 21.15   | .00         |
|----------------------------|--------------------|------------------|------------------------|-----------|-------------|---------|-------------|
| FRACTURES, DISLOCATIONS    | 1                  | 2                | 1,350.00               | 675.00    | .000        | 1350.00 | .00         |
| ORTHODONTIC SERVICES       | 141                | 207              | 5,037.00               | 24.33     | .001        | 35.72   | .01         |
| ALL OTHER SERVICES         | 261                | 600              | 795.00                 | 1.33      | .002        | 3.05    | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES  | AND EXPENDITURES | MONTH-OF-PAYMENT REPOR | T FOR JAN | 2004 THRU D | EC 2004 | PAGE 10,730 |
| MOP024                     | FEE-FOR-SERVICE/DE | NTAL             |                        |           |             |         | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICE | S FOR MEDICALLY  | NEEDY - TOTAL          |           |             |         |             |

| SACRAMENTO COUNTY                        | SUMMARY OF SER                  | VICES FOR MEDICA      | LLY NE | EEDY - TOTAL  |    |   |       |    |                 |    |              |
|--|---------------------------------|-----------------------|--------|---|----|---|-------|----|-----------------|----|--------------|
|  |                                 |                       |        |   |    |   | MC    |    |                 | GΕ |              |
| 344,076 ELIGIBLES                        | USERS                           | UNITS OF SERVIC       |        | EXPENDITURES  |    |   |       |    |                 |    | COST PER     |
|  |                                 | OR DAYS OF CAR        |        |   |    | R UNIT/DAY  |       |    | USER            |    | ELIGIBLE     |
| @OPTOMETRIST                             | 2,687                           | 7 <b>,</b> 938        | \$     |   | \$ |   | .023  |    |                 | \$ | .49          |
| DIAGNOSTIC AND ANC. PROCED               | 1,550                           | 1,690                 |        | 65,178.32   |    | 38.57   | .005  |    | 42.05           |    | .19          |
| EYE APPLIANCES                           | 2,050                           | 6 <b>,</b> 105        |        | 99,885.71   |    | 16.36   | .018  |    | 48.72           |    | .29          |
| OTHER OPTOMETRIC SERVICES                |                                 | 143                   |        | 4 <b>,</b> 524.69   |    | 31.64   | .000  |    | 39.35           |    | .01          |
| @CHIROPRACTOR                            | 54                              | 93                    | \$     | 1,476.13  | \$ | 15.87<br>16.23                                    | .000  | \$ | 27.34           | \$ | .00          |
| VISITS                                   | 49                              | 86                    |        | 1,396.12  |    | 16.23   | .000  |    | 28.49           |    | .00          |
| OTHER SERVICES                           | 5                               | 7                     |        | 80.01<br>56,054.27  |    | 11.43   | .000  |    | 16.00           |    | .00          |
| @PODIATRIST                              | 3 <b>,</b> 576                  | 5,738                 | \$     | 56,054.27   | \$ | 9.77  | .017  | \$ | 15.68           | \$ | .16          |
| MEDICINE/INJECTIONS                      | 225                             | 262                   |        | 8,910.00  |    | 34.01<br>48.77                                    | .001  |    | 39.60           |    | .03          |
| CIIDCEDV / A NEC                         | 27                              | 35                    |        | 1,706.90  |    | 48.77   | .000  |    | 63.22           |    | .00          |
| RADIO./PATHOLOGY                         | 16                              | 24                    |        | 468.92  |    | 19.54   | .000  |    | 29.31           |    | .00          |
| OTHER                                    | 3,347                           | 5,417                 |        | 44,968.45   |    | 8.30  | . 016 |    | 13.44           |    | .13          |
| @HOME HEALTH AGENCY                      | 16<br>3,347<br>785<br>115<br>56 | 58,085                | \$     |   | \$ | 32.99   | .169  | Ś  | 2441.24         | Ś  | 5.57         |
| NURSE ANESTHESIST                        | 115                             | 823                   | Ś      |   | \$ | 12.75   | .002  |    | 91.28           |    | .03          |
| NURSE MIDWIFE                            | 56                              | 520                   | \$     |   | \$ | 29 17   | .002  |    | 270.87          |    | .04          |
| PEDIATRIC NURSE PRACTITIONER             |                                 | 2                     |        |   |    |   | .000  | Š  | 42.35           |    | .00          |
| FAMILY NURSE PRACTITIONER                | 160                             | 425                   | Ś      | 11 278 70   | Ś  | 26 54   | .001  | Ś  | 70.49           |    | .03          |
| @TOTAL HOSPITAL                          | 26 <b>,</b> 272                 | 178,517               | ¢      | 40 186 772 89   | Š  | 225 11  | 519   | Ċ  | 1529.64         |    | 116.80       |
| HOSP INPATIENT TOTAL                     | 5,053                           | 28,196                | Y      | 36 472 506 81   | Y  | 1293 53   | .082  | ٧  | 7217.99         | Y  | 106.00       |
| HSC HOSPITALS                            | 4,283                           | 25,551                |        | 30,472,300.01   |    | 1293.33   | .074  |    | 7682.44         |    | 95.63        |
| NON-HSC HOSPITAL TOTAL                   | 4,200                           | 2,645                 |        | 3 047 006 40  |    | 1152 26   | .008  |    | 10159.99        |    | 8.86         |
| ACCOMMODATIONS                           | 300<br>293                      | 2,645                 |        | 84.70<br>11,278.70<br>40,186,772.89<br>36,472,506.81<br>32,903,909.22<br>3,047,996.49<br>1,400,714.33 |    | 520.57  | .008  |    | 4780.59         |    | 4.07         |
| ACCOMMODATIONS ADMINISTRATIVE DAYS       | 293<br>13                       | 2,643                 |        | 17,432.46   |    | 157 05  | .000  |    | 1340.96         |    | .05          |
| TRANSITIONAL IP CARE                     | 13                              | 0                     |        | .00   |    | 137.03  | .000  |    | .00             |    | .00          |
| TRANSTITUNAL IF CARE                     | 13<br>0<br>281<br>297           | 2 <b>,</b> 534        |        | 1,383,281.87  |    | 157.05<br>.00<br>545.89                           | .007  |    |                 |    |              |
| ALL OTHER ACCOM                          | 207                             | 2,534<br>0            |        | 1,383,281.8/  |    | 545.89<br>.00                                     | .007  |    | 4922.71         |    | 4.02<br>4.79 |
| ANCILLARIES                              | Z97                             |                       |        | 1,647,282.16  |    | .00   |       |    | 5546.40         |    |              |
| INPATIENT CROSSOVERS ALL OTHER INPATIENT | 551                             | 0                     |        | 520,601.10  |    | .00   | .000  |    | 944.83          |    | 1.51         |
| ALL OTHER INPATIENT                      | 02.020                          | 150 201               |        | .00   |    | .00   | .000  |    | .00             |    | .00          |
| HOSP OUTPATIENT TOTAL                    | 23,039                          | 150,321               |        | 3,714,266.08  |    | 24.71<br>45.00                                    | .437  |    | 161.22<br>67.92 |    | 10.79        |
| MEDICAL                                  | 3,8∠1                           | 5,768                 |        | 259,531.99  |    | 45.00   | .017  |    | 67.92           |    | .75          |
| SURGERY                                  | 1,659                           | 2,173                 |        | 91,881.14   |    | 42.28   | .006  |    | 55.38           |    | .27          |
| PATHOLOGY                                | 7,994                           | 51,227                |        | 429,534.24  |    | 8.38  | .149  |    | 53.73           |    | 1.25         |
| RADIOLOGY                                | 5,077                           | 8,404                 |        | 711,936.32  |    | 24.71<br>45.00<br>42.28<br>8.38<br>84.71<br>38.08 | .024  |    | 140.23          |    | 2.07         |
| ROOM USE                                 | 11,579                          | 16,514                |        | 628,928.89  |    | 38.08   | .048  |    | 54.32           |    | 1.83         |
| CROSSOVERS/ALL OTH OUTPTNT               | 12,602<br>285                   | 66 <b>,</b> 235       |        | 1,592,453.50  |    | 24.04   | .193  |    | 126.37          |    | 4.63         |
|  |                                 | 2,068                 | \$     |   | \$ | 337.86  |       |    | 2451.59         | \$ | 2.03         |
| CO HOSPITAL INPATIENT TOTAL              |                                 | 543                   |        | 651,852.93  |    | 1200.47   | .002  |    | 10346.87        |    | 1.89         |
| HSC HOSPITALS                            | 59                              | 534                   |        | 638,069.46  |    | 1194.89   | .002  |    | 10814.74        |    | 1.85         |
| NON-HSC HOSPITALS TOTAL                  | 3                               | 9                     |        | 12,067.47   |    | 1340.83   | .000  |    | 4022.49         |    | .04          |
| ACCOMMODATIONS                           | 3                               | 9                     |        | 3,598.20  |    | 399.80  | .000  |    | 1199.40         |    | .01          |
| ADMINISTRATIVE DAYS                      | 0                               | 0                     |        | .00   |    | .00   | .000  |    | .00             |    | .00          |
| TRANSITIONAL IP CARE                     | 0                               | 9<br>0<br>0<br>9<br>0 |        | .00   |    | .00   | .000  |    | .00<br>1199.40  |    | .00          |
| ALL OTHER ACCOM                          | 3                               | 9                     |        | 3,598.20  |    | 399.80  | .000  |    | 1199.40         |    | .01          |
| ANCILLARIES                              | 3                               | 0                     |        | 8,469.27  |    | .00   | .000  |    | 2823.09         |    | .02          |
| INPATIENT CROSSOVERS                     | 2                               | 0                     |        | 1,716.00  |    | .00   | .000  |    | 858.00          |    | .00          |
| ALL OTHER INPATIENT                      | 0                               | 0                     |        | .00   |    | .00<br>.00<br>399.80<br>.00                       | .000  |    | .00             |    | .00          |
|  |                                 |                       |        |   |    |   |       |    |                 |    |              |

| CO HOSP OUTPATIENT TOTAL   | 243                  | 1,525          | 46,849.67           | 30.72        | .004        | 192.80  | .14         |
|----------------------------|----------------------|----------------|---------------------|--------------|-------------|---------|-------------|
| MEDICAL                    | 68                   | 115            | 3,692.30            | 32.11        | .000        | 54.30   | .01         |
| SURGERY                    | 46                   | 74             | 2,383.42            | 32.21        | .000        | 51.81   | .01         |
| PATHOLOGY                  | 93                   | 583            | 8,476.45            | 14.54        | .002        | 91.14   | .02         |
| RADIOLOGY                  | 49                   | 91             | 8,374.53            | 92.03        | .000        | 170.91  | .02         |
| ROOM USE                   | 124                  | 245            | 11,829.41           | 48.28        | .001        | 95.40   | .03         |
| CROSSOVERS/ALL OTH OUTPINT | 154                  | 417            | 12,093.56           | 29.00        | .001        | 78.53   | .04         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT RE | PORT FOR JAN | 2004 THRU D | EC 2004 | PAGE 10,731 |
| MOP024                     | FEE-FOR-SERVICE/DENT | AL             |                     |              |             |         | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES  | FOR MEDICALLY  | NEEDY - TOTAL       |              |             |         |             |

| SACIAMENTO COUNTI   | SOMMANT OF SER        | VICES FOR MEDICAL         | TI 14    | ILLDI IOIAL                           |          |                              | M     | $\bigcirc$ NI | THLY AVERA             | CF |          |
|---|-----------------------|---------------------------|----------|---------------------------------------|----------|------------------------------|-------|---------------|------------------------|----|----------|
| 344,076 ELIGIBLES   | USERS                 | UNITS OF SERVICE          |          | EXPENDITURES                          | 7/ 7/7   | EDACE COCH                   |       |               |                        | -  | COST PER |
| J44,070 ELIGIBLES   | OSEKS                 | OR DAYS OF CARE           |          | EXFENDITORES                          |          | R UNIT/DAY                   |       |               | USER                   |    | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 26 021                | 176,449                   | \$       | 39,488,070.29                         |          |                              |       |               | 1517.55                |    | -        |
| COMM HOSP INPATIENT TOTAL   | 4,992                 | 27,653                    | ۲        | 35,820,653.88                         | ې        | 223.79<br>1295.36<br>1289.76 | .080  | ې             | 7175.61                |    | 104.11   |
| HSC HOSPITALS   | 4,226                 | 27,033<br>25,017          |          | 32,265,839.76                         |          | 1293.30                      | .073  |               | 7635.08                |    | 93.78    |
|   | 4,220                 |                           |          | 32,263,639.76                         |          | 1209.70                      | .073  |               |                        |    |          |
| NON-HSC HOSPITALS TOTAL   | 297<br>290            | 2,636                     |          | 3,035,929.02                          |          | 1151.72<br>530.01            | .008  |               | 10221.98               |    | 8.82     |
| ACCOMMODATIONS  | 290                   | 2,636                     |          | 1,397,116.13                          |          | 530.01                       | .008  |               | 4817.64                |    | 4.06     |
| ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS | 13                    | 111                       |          | 17,432.46                             |          | 157.05                       | .000  |               | 1340.96                |    | .05      |
| TRANSITIONAL IP CARE  | 0                     | 0                         |          | .00                                   |          | .00                          | .000  |               | .00                    |    | .00      |
| ALL OTHER ACCOM   | 278                   |                           |          | 1,379,683.67                          |          | 546.41                       | .007  |               |                        |    | 4.01     |
| ANCILLARIES   | 294                   | 0                         |          | 1,638,812.89<br>518,885.10            |          | .00                          | .000  |               | 5574.19                |    | 4.76     |
| INPATIENT CROSSOVERS  | 549                   | 0                         |          | 518,885.10                            |          | .00                          | .000  |               | 945.15                 |    | 1.51     |
| ALL OTHER INPATIENT   | 0                     | 0                         |          | .00                                   |          | .00                          | .000  |               | .00                    |    | .00      |
| ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | 22 <b>,</b> 820       | 148,796<br>5,653<br>2,099 |          | 3,667,416.41                          |          | 24.65                        | .432  |               | .00<br>160.71<br>68.11 |    | 10.66    |
| MEDICAL   | 3,756                 | 5 <b>,</b> 653            |          | 255 <b>,</b> 839.69                   |          | 45.26                        | .016  |               | 68.11                  |    | .74      |
| SURGERY   | 1,613                 | 2 <b>,</b> 099            |          | 255,839.69<br>89,497.72<br>421,057.79 |          | 42.64                        | .006  |               | 55.49<br>53.23         |    | . 20     |
| PATHOLOGY   | 7,910                 | 2,099<br>50,644<br>8,313  |          | 421,057.79                            |          | 8.31                         | .147  |               | 53.23                  |    | 1.22     |
| RADIOLOGY   | 5,033                 | 8,313                     |          | 703,561.79                            |          | 84.63                        | .024  |               | 139.79                 |    | 2.04     |
| ROOM USE  | 11,466                | 16,269                    |          | 617,099.48                            |          | 37.93                        | .047  |               | 53.82                  |    | 1.79     |
| CROSSOVERS/ALL OTH OUTPTNT  | 11,466<br>12,452      | 65 <b>,</b> 818           |          | 617,099.48<br>1,580,359.94            |          | 24.01                        | .191  |               | 126.92                 |    | 4.59     |
| @STATE HOSPITAL   | 8                     | 16,269<br>65,818<br>167   | \$       | 95,940.37                             | \$       | 574.49                       | .000  | \$            | 11992.55               | \$ | .28      |
| MENTALLY ILL  | 6                     | 0                         |          | 4,206.90                              |          | .00                          | .000  |               | 701.15                 |    | .01      |
| @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE   | 2                     | 167<br>737,604<br>18,080  |          | 91,733.47                             |          | 549.30                       | .000  |               | 45866.74               |    | .27      |
| @NURSING FACILITY   | 23,299                | 737,604                   | \$       |                                       | \$       | 105.57                       |       | \$            | 3342.20                | \$ |          |
| LEV A-INTERMEDIATE  | 546                   | 18,080                    |          | 1.097.628.37                          |          | 60.71                        | .053  |               |                        |    |          |
| LEV B-REHAB MD  | 347                   | 11,621                    |          | 1,187,619.45                          |          | 102.20<br>522.18<br>536.26   |       |               |                        |    | 3.45     |
| LEV B-SUBACUTE FREESTANDING   | 8                     | 302                       |          | 157,697.15                            |          | 522.18                       |       |               | 19712.14               |    | .46      |
| LEV B-SUBACUTE HSPTL BASED  | 8<br>175              | 6,262                     |          | 3,358,048.24                          |          | 536.26                       | .018  |               | 19188.85               |    | 9.76     |
| LEV B-TRANSITIONAL IP CARE  |                       |                           |          | .00                                   |          | .00                          | .000  |               | .00                    |    | .00      |
| LEV B-REGULAR   | 22,258                | 0<br>701,339              |          | .00<br>72,068,824.04                  |          | 102.76                       | 2.038 |               | 3237.88                |    | 209.46   |
| @INTERMEDIATE CARE FACILDD  | 1,041                 | 32,144                    | Ś        | 4,704,901.22                          | Ś        | 146.37                       |       | Ś             | 4519.60                | Ś  |          |
| ICF DDH   | 617                   | 19,384                    | 7        |                                       |          |                              | .056  | т             | 4744.47                |    | 8.51     |
| ICF DD  | 617<br>323            | 9,717                     |          | 1,212,785.00                          |          | 151.02<br>124.81             |       |               |                        |    | 3.52     |
| ICF DDN/DDCN  | 101                   | 3,043                     |          |                                       |          |                              | .009  |               |                        |    | 1.64     |
| @HEMODIALYSIS TOTAL   | 101<br>1 <b>,</b> 528 | 58,168                    | \$       | 2,029,834.65                          |          |                              |       |               | 1328.43                | Ś  |          |
| HOSPITAL BASED  | 1,320                 | 112                       | ۲        | 27,422.21                             | ۲        | 244.84                       |       | Y             |                        | Y  | .08      |
| HEMODIALVEIS CENTED   | 1 517                 | 58,056                    |          | 2,002,412.44                          |          | 34.49                        | .169  |               |                        |    | 5.82     |
| HEMODIALYSIS CENTER<br>@REHABILITATION FACILITY<br>HOSPITAL BASED<br>INDEPENDENT FACILITY | 1, J1/                | 5,719                     | \$       | 106,238.96                            | Ċ        | 10 50                        |       |               | 200.07                 | Ċ  |          |
| UCCDITAL DACED  | 172                   | 783                       | ۲        | 22,956.81                             | ې        | 29.32                        | .002  | ې             | 132.70                 | ې  | .07      |
| TNDEDENDEND EACTITMY  | 1/3                   | 4,936                     |          |                                       |          | 16.87                        | .014  |               | 231.98                 |    | .24      |
| @LABORATORY FACILITY  | 12 000                | 4,936<br>42,629           | \$       | 508,161.99                            |          |                              |       | Ċ             |                        | ċ  |          |
|   |                       |                           | Þ        | 508,161.99                            | Ş        | 11.92                        |       | Ş             | 42.32                  | Ą  |          |
| PATHOLOGY   | 11,906                | 42,242                    |          | 506,019.22<br>2,142.77                |          | 11.98                        | .123  |               | 42.50                  |    | 1.47     |
| XO AND OTHERS   | 104                   | 387                       | <u>^</u> | 2,142.//                              | <u>^</u> | 5.54                         | .001  | <u> </u>      | 20.60                  | ~  | .01      |
| @ORGANIZED OUTPATIENT CLINIC  |                       | 27,261                    | \$       | 1,077,246.88                          | Ş        | 39.52                        |       | Ş             | 124.51                 | Ş  |          |
| CLINIC  | 6 <b>,</b> 179        | 21,613                    |          | 587,685.20                            |          | 27.19                        | .063  |               | 95.11                  |    | 1.71     |

SURGICENTER 460 2,282 103,712.51 45.45 .007 225.46 .30 HEROIN DETOX CLINIC 16 190 2,098.32 11.04 .001 131.15 .01 RURAL HEALTH CLINIC 2,011 3,176 383,750.85 120.83 .009 190.83 1.12 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,732 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

| DACKARIBNIO COONII             | DOMMANT OF DEN  | VICES FOR MEDICA | тппт | וטממוו   | IOIAL               |             |            |              |     |          |
|--------------------------------|-----------------|------------------|------|----------|---------------------|-------------|------------|--------------|-----|----------|
|                                |                 |                  |      |          |                     |             |            | ONTHLY AVERA | 4GE |          |
| 344,076 ELIGIBLES              | USERS           | UNITS OF SERVIC  |      |          | EXPENDITURES        |             | UNITS/DAYS |              |     | COST PER |
|                                |                 | OR DAYS OF CAR   | RE   |          |                     | UNIT/DAY    |            | USER         |     | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 42 <b>,</b> 657 | 1,524,691        | \$   |          | 7,068,774.56        | \$<br>4.64  | 4.431      | \$ 165.71    | \$  | 20.54    |
| DURABLE MED. EQUIP.            | 1,671           | 12,344           |      |          | 911,715.19          | 73.86       | .036       | 545.61       |     | 2.65     |
| BLOOD BANK                     | 0               | 0                |      |          | .00                 | .00         | .000       | .00          |     | .00      |
| HEARING AID DISPENSERS         | 72              | 83               |      |          | 34,964.76           | 421.26      | .000       | 485.62       |     | .10      |
| MEDICAL TRANSPORTATION         | 5 <b>,</b> 884  | 286,505          |      |          | 1,245,471.52        | 4.35        | .833       | 211.67       |     | 3.62     |
| AMBULANCES/AIR TRANS           | 2,403           | 18,027           |      |          | 303,073.54          | 16.81       | .052       | 126.12       |     | .88      |
| OTHER TRANS                    | 3,253           | 266 <b>,</b> 282 |      |          | 888,426.35          | 3.34        | .774       | 273.11       |     | 2.58     |
| OTHER SERVICES                 | 410             | 2 <b>,</b> 196   |      |          | 53 <b>,</b> 971.63  | 24.58       | .006       | 131.64       |     | .16      |
| ACUPUNCTURE                    | 256             | 528              |      |          | 9,535.74            | 18.06       | .002       | 37.25        |     | .03      |
| ADULT DAY HEALTH CARE CTR      | 738             | 11,174           |      |          | 759 <b>,</b> 378.55 | 67.96       | .032       | 1028.97      |     | 2.21     |
| GENETIC DISEASE TESTING        | 1,487           | 1,492            |      |          | 156,540.00          | 104.92      | .004       | 105.27       |     | .45      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 748             | 16,367           |      |          | 576,538.46          | 35.23       | .048       | 770.77       |     | 1.68     |
| OCCUPATIONAL THERAPIST         | 2               | 52               |      |          | 269.22              | 5.18        | .000       | 134.61       |     | .00      |
| OPTICIAN                       | 8,788           | 18,819           |      |          | 188,253.71          | 10.00       | .055       | 21.42        |     | .55      |
| PHYSICAL THERAPIST             | 80              | 508              |      |          | 7,253.14            | 14.28       | .001       | 90.66        |     | .02      |
| PORTABLE X-RAY                 | 487             | 908              |      |          | 3,800.05            | 4.19        | .003       | 7.80         |     | .01      |
| PROSTHETIST/ORTHOTISTS         | 184             | 608              |      |          | 67,295.36           | 110.68      | .002       | 365.74       |     | .20      |
| PROSTHETICS                    | 183             | 606              |      |          | 67,177.44           | 110.85      | .002       | 367.09       |     | .20      |
| ORTHOTICS                      | 1               | 2                |      |          | 117.92              | 58.96       | .000       | 117.92       |     | .00      |
| PSYCHOLOGIST                   | 69              | 128              |      |          | 2,778.68            | 21.71       | .000       | 40.27        |     | .01      |
| SPEECH AND AUDIOLOGY           | 1,216           | 4,053            |      |          | 216,898.70          | 53.52       | .012       | 178.37       |     | .63      |
| HOSPICE SERVICES               | 260             | 7,000            |      |          | 831,782.36          | 118.83      | .020       | 3199.16      |     | 2.42     |
| NONINST BIRTHING CENTERS       | 8               | 8                |      |          | 8,015.08            | 1001.89     | .000       | 1001.89      |     | .02      |
| LOCAL EDUCATION AGENCIES       | 17,240          | 167 <b>,</b> 758 |      |          | 1,390,272.74        | 8.29        | .488       | 80.64        |     | 4.04     |
| EPSDT SUPPLEMENTAL SERVICE     | 91              | 6,946            |      |          | 203,773.67          | 29.34       | .020       | 2239.27      |     | .59      |
| RESPIRATORY CARE PRACT.        | 0               | 0                |      |          | .00                 | .00         | .000       | .00          |     | .00      |
| PED SUBACUTE REHAB/WEANING     | 0               | 0                |      |          | .00                 | .00         | .000       | .00          |     | .00      |
| ALL OTHER PROVIDERS            | 5 <b>,</b> 346  | 989,410          |      |          | 454,237.63          | .46         | 2.876      | 84.97        |     | 1.32     |
| @CALIF. CHILDREN SERVICES*     | 4,884           | 138,086          | \$   |          | 9,856,936.92        | \$<br>71.38 | .401       | \$ 2018.21   | \$  | 28.65    |
| @XOVER EXCLUDING STATE HOSP**  | 22,109          | 467,967          | \$   |          | 4,030,638.42        | \$<br>8.61  | 1.360      | \$ 182.31    | \$  | 11.71    |
| A* TOTATO IN THESE ITMES ADE   | CIVEN AC A CEDA | DATE THEODMATION | TTTM | A ONIT N | 7 •                 |             |            |              |     |          |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,733 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONIBILL A VIEDACE

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

|                       |        |                  |    |              |              | MON        | THLY AVERAG | E        |
|-----------------------|--------|------------------|----|--------------|--------------|------------|-------------|----------|
| 78,093 ELIGIBLES      | USERS  | UNITS OF SERVICE | Ε  | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                       |        | OR DAYS OF CAR   | Ε  |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 29,249 | 240,260          | \$ | 7,447,280.31 | \$ 31.00     | 3.077 \$   | 254.62      | \$ 95.36 |
| @PHYSICIANS SERVICES  | 12,146 | 25 <b>,</b> 854  | \$ | 1,114,424.86 | \$ 43.10     | .331 \$    | 91.75       | \$ 14.27 |
| OUTPATIENT VISITS     | 10,188 | 12,847           |    | 456,092.11   | 35.50        | .165       | 44.77       | 5.84     |
| OFFICE VISITS         | 7,466  | 9,033            |    | 296,133.25   | 32.78        | .116       | 39.66       | 3.79     |
| HOME VISITS           | 23     | 24               |    | 834.95       | 34.79        | .000       | 36.30       | .01      |
| EMERGENCY ROOM        | 1,602  | 1,738            |    | 91,813.32    | 52.83        | .022       | 57.31       | 1.18     |
| PREVENTIVE CARE       | 19     | 19               |    | 893.20       | 47.01        | .000       | 47.01       | .01      |
| OB VISITS/COMPRE PERI | 273    | 590              |    | 33,972.56    | 57.58        | .008       | 124.44      | .44      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

|  | 1 161              | 1 110             |          | 00 444 00                         |          | 00 40                     | 010       | 0.0             |          | 4.0        |
|--|--------------------|-------------------|----------|-----------------------------------|----------|---------------------------|-----------|-----------------|----------|------------|
| OTHER OUTPATIENT   | 1,164              | 1,443             |          | 32,444.83                         |          | 22.48                     | .018      | 27.87           |          | .42        |
| INPATIENT VISITS   | 650                | 2,662             |          | 234,501.59<br>80,209.78           |          | 88.09                     | .034      |                 |          | 3.00       |
| HOSPITAL VISITS  | 602                | 1,615             |          | 80,209.78                         |          | 49.67                     |           |                 |          | 1.03       |
| CRITICAL CARE  | 90                 | 1,045             |          | 154,246.86                        |          | 147.60                    | .013      |                 |          | 1.98       |
| SNF/ICF/TRANS IP CARE  | 2                  | 2                 |          | 44.95<br>7,808.21                 |          | 22.48                     | .000      | 22.48           |          | .00        |
| OPHTHALMOLOGICAL SERVICES  | 146                | 172               |          |                                   |          |                           |           | 53.48           |          | .10        |
| EXAMINATIONS   | 135                | 161               |          | 7,630.63                          |          | 47.40                     | .002      | 56.52           |          | .10        |
| SERVICES AND MATERIALS   | 11                 | 11                |          | 177.58                            |          | 16.14                     | .000      | 16.14           |          | .00        |
| INPATIENT HOSPITAL SURGERY   | 244                | 1,265             |          | 132,173.03                        |          | 104.48                    | .016      | 541.69          |          | 1.69       |
| PRINCIPAL SURGEON  | 158                | 208               |          | 100,525.56                        |          | 483.30                    | .003      | 636.24          |          | 1.29       |
| ASSISTANT SURGEON  | 17                 | 17                |          | 3,207.88                          |          | 188.70                    | .000      | 188.70          |          | .04        |
| ANESTHESIOLOGIST   | 122                | 1,040             |          | 28,439.59                         |          | 27.35                     | .013      | 233.11          |          | .36        |
| OUTPATIENT SURGERY   | 521                | 1,145             |          | 80,821.72                         |          | 70.59<br>121.62<br>252.77 | .015      | 155.13          |          | 1.03       |
| PRINCIPAL SURGEON  | 444                | 524               |          | 80,821.72<br>63,727.86            |          | 121.62                    | .007      | 143.53          |          | .82        |
| ASSISTANT SURGEON  | 1                  | 1                 |          | 252.77                            |          | 252.77                    | .000      | 252.77          |          | .00        |
| ANESTHESIOLOGIST   | 131                | 620               |          | 252.77<br>16,841.09               |          | 27.16                     | .008      | 120 56          |          | 22         |
| OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION | 0                  | 0                 |          | .00                               |          | .00                       | .000      | .00             |          | .00        |
| PATHOLOGY  | 604                | 1,118             |          |                                   |          | 10.66                     | .014      | 19.74           |          | .15        |
| RADIOLOGY  | 1.643              | 3,054             |          | 11,920.33<br>108,196.86<br>331.37 |          | 35.43                     |           |                 |          | 1.39       |
| PSYCHIATRY   | 1,013              | 10                |          | 331.37                            |          | 33.14                     | .000      |                 |          | .00        |
| PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY   | 127                | 258               |          | 4,749.22                          |          | 18.41                     | .003      |                 |          | .06        |
| OTHER SERVICES / ALL V_OVERS   | 1 017              | 3,323             |          | 77,830.42                         |          | 23.42                     | .043      |                 |          | 1.00       |
| @PHARMACY  | 12 247             | 56,261            | \$       | 1,546,824.33                      | Ċ        |                           | .720      |                 | Ċ        |            |
| DDECCRIDATON DDICC   | 12,247             | 24,665            | Ų        |                                   |          |                           | .316      | 121.80          | ې        | 18.95      |
| CME/ICE  | 12,147             | 143               |          | 1,479,541.35<br>15,922.64         |          | 111.35                    | .002      | 468.31          |          | .20        |
| SNF / ICF  | 10 100             |                   |          | 1 462 610 71                      |          | 111.33                    | .314      |                 |          |            |
| OUTPATIENTS  | 12,126             | 24,522            |          | 1,463,618.71                      |          | 59.69                     | .314      |                 |          | .86        |
| MEDICAL SUPPLIES   | 428                | 31,596            | <u>^</u> | 67,282.98                         | <u> </u> | 2.13<br>23.05             | .405      | 157.20          | <u> </u> |            |
| @DENTIST   | 2,/64              | 19,047            | \$       | 438,955.44                        | Ş        |                           |           |                 | Ş        | 5.62       |
| VISITS - DIAGNOSTIC  | 2,159              | 14,213            |          | 193,358.32                        |          | 13.60                     | .182      | 89.56           |          | 2.48       |
| ORAL SURGERY   | 383                | 829               |          | 46,509.75                         |          | 56.10                     | .011      | 121.44<br>24.81 |          | .60        |
| DRUGS  | 54                 | 65                |          | 1,340.00                          |          | 20.62                     | .001      | 24.81           |          | .02        |
| ANESTHESIA   | 6                  | 7                 |          | 700.00                            |          | 100.00<br>89.11           | .000      | 116.67          |          | .01        |
| PERIODONTICS   | 8                  | 9                 |          | 811/ 1111                         |          | 89.11                     | .000      | 100.25          |          | .01        |
| ENDODONTICS  | 182                | 340               |          | 37,345.69                         |          |                           | .004      | 205.20          |          |            |
| RESTORATIVE DENTISTRY  | 949                | 3,161             |          | 144,961.03                        |          | 45.86                     | .040      | 152.75          |          | 1.86       |
| PROSTHETICS  | 0                  | (1)               |          | .00                               |          | .00                       | .000      | .00             |          | .00        |
| DENTURES, STAYPLATES   | 2                  | 8<br>38<br>8<br>0 |          | 330.00                            |          | 41.25                     | .000      | 165.00          |          | .00        |
| SPACE MAINTAINERS  | 31                 | 38                |          | 4,511.00                          |          | 118.71<br>53.77           | .000      | 145.52          |          | .06        |
| MAXILLOFACIAL SERVICES   | 6                  | 8                 |          | 430.15                            |          | 53.77                     | .000      | 71.69           |          | .01        |
| FRACTURES, DISLOCATIONS  | 0                  | 0                 |          | .00                               |          | .00                       | .000      | .00             |          | .00        |
| ORTHODONTIC SERVICES   | 134                | 217               |          | 7,992.50                          |          | 36.83                     | .003      | 59.65           |          | .10        |
| ALL OTHER SERVICES   | 86                 | 152               |          | 675.00                            |          | 4.44                      | .002      | 7.85            |          | .01        |
| @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES  | AND EXPENDITU     | RES MC   | NTH-OF-PAYMENT RE                 | EPORT    |                           | 2004 THRU | DEC 2004        | P        | AGE 10,734 |
| MOP024   | FEE-FOR-SERVICE/DE |                   | _        |                                   |          |                           |           |                 |          | 03/14/05   |
| SACRAMENTO COUNTY  | SUMMARY OF SERVICE |                   | NO SOC   | : 03 04 2A 45 4A                  | 4K 4N    | 4 5K 7T 8:                | 2 8E 8W   |                 |          | -, ,       |
|  |                    | -                 |          |                                   |          |                           | -         |                 |          |            |

|                            |       |                 |    |              |     |           | MC         | NTE | HLY AVERA | GE. |          |
|----------------------------|-------|-----------------|----|--------------|-----|-----------|------------|-----|-----------|-----|----------|
| 78,093 ELIGIBLES           | USERS | UNITS OF SERVIC | E  | EXPENDITURES | AVE | RAGE COST | UNITS/DAYS | 5 ( | COST PER  |     | COST PER |
|                            |       | OR DAYS OF CAR  | E  |              | PER | UNIT/DAY  | PER ELIG   |     | USER      |     | ELIGIBLE |
| @OPTOMETRIST               | 507   | 1,394           | \$ | 31,281.05    | \$  | 22.44     | .018       | \$  | 61.70     | \$  | .40      |
| DIAGNOSTIC AND ANC. PROCED | 382   | 413             |    | 17,057.27    |     | 41.30     | .005       |     | 44.65     |     | .22      |
| EYE APPLIANCES             | 350   | 977             |    | 14,042.18    |     | 14.37     | .013       |     | 40.12     |     | .18      |
| OTHER OPTOMETRIC SERVICES  | 4     | 4               |    | 181.60       |     | 45.40     | .000       |     | 45.40     |     | .00      |
| @CHIROPRACTOR              | 52    | 89              | \$ | 1,488.08     | \$  | 16.72     | .001       | \$  | 28.62     | \$  | .02      |
| VISITS                     | 52    | 89              |    | 1,488.08     |     | 16.72     | .001       |     | 28.62     |     | .02      |
| OTHER SERVICES             | 0     | 0               |    | .00          |     | .00       | .000       |     | .00       |     | .00      |
| @PODIATRIST                | 2.8   | 4.3             | \$ | 1,675.36     | Ś   | 38.96     | .001       | Ś   | 59.83     | Ś   | .02      |

| MEDICINE/INJECTIONS          | 24    | 29     | 1,404.63            | 48.44        | .000 | 58.53         | .02         |
|------------------------------|-------|--------|---------------------|--------------|------|---------------|-------------|
| SURGERY/ANES.                | 8     | 12     | 236.13              | 19.68        | .000 | 29.52         | .00         |
| RADIO./PATHOLOGY             | 2     | 2      | 34.60               | 17.30        | .000 | 17.30         | .00         |
| OTHER                        | 0     | 0      | .00                 | .00          | .000 | .00           | .00         |
| @HOME HEALTH AGENCY          | 78    | 6,740  | \$<br>201,440.63    | \$<br>29.89  | .086 | \$<br>2582.57 | \$<br>2.58  |
| NURSE ANESTHESIST            | 3     | 18     | \$<br>352.80        | \$<br>19.60  | .000 | \$<br>117.60  | \$<br>.00   |
| NURSE MIDWIFE                | 4     | 41     | \$<br>435.51        | \$<br>10.62  | .001 | \$<br>108.88  | \$<br>.01   |
| PEDIATRIC NURSE PRACTITIONER | 3     | 3      | \$<br>189.18        | \$<br>63.06  | .000 | \$<br>63.06   | \$<br>.00   |
| FAMILY NURSE PRACTITIONER    | 20    | 50     | \$<br>1,301.35      | \$<br>26.03  | .001 | \$<br>65.07   | \$<br>.02   |
| @TOTAL HOSPITAL              | 4,549 | 16,940 | \$<br>3,346,507.45  | \$<br>197.55 | .217 | \$<br>735.66  | \$<br>42.85 |
| HOSP INPATIENT TOTAL         | 375   | 2,178  | 2,969,835.00        | 1363.56      | .028 | 7919.56       | 38.03       |
| HSC HOSPITALS                | 358   | 2,086  | 2,838,226.70        | 1360.61      | .027 | 7928.01       | 36.34       |
| NON-HSC HOSPITAL TOTAL       | 18    | 92     | 131,608.30          | 1430.53      | .001 | 7311.57       | 1.69        |
| ACCOMMODATIONS               | 18    | 92     | 82,684.88           | 898.75       | .001 | 4593.60       | 1.06        |
| ADMINISTRATIVE DAYS          | 0     | 0      | .00                 | .00          | .000 | .00           | .00         |
| TRANSITIONAL IP CARE         | 0     | 0      | .00                 | .00          | .000 | .00           | .00         |
| ALL OTHER ACCOM              | 18    | 92     | 82,684.88           | 898.75       | .001 | 4593.60       | 1.06        |
| ANCILLARIES                  | 18    | 0      | 48,923.42           | .00          | .000 | 2717.97       | .63         |
| INPATIENT CROSSOVERS         | 0     | 0      | .00                 | .00          | .000 | .00           | .00         |
| ALL OTHER INPATIENT          | 0     | 0      | .00                 | .00          | .000 | .00           | .00         |
| HOSP OUTPATIENT TOTAL        | 4,301 | 14,762 | 376,672.45          | 25.52        | .189 | 87.58         | 4.82        |
| MEDICAL                      | 633   | 856    | 36,105.89           | 42.18        | .011 | 57.04         | .46         |
| SURGERY                      | 299   | 320    | 13,510.19           | 42.22        | .004 | 45.18         | .17         |
| PATHOLOGY                    | 1,266 | 5,598  | 57,210.03           | 10.22        | .072 | 45.19         | .73         |
| RADIOLOGY                    | 862   | 1,174  | 68 <b>,</b> 832.56  | 58.63        | .015 | 79.85         | .88         |
| ROOM USE                     | 3,320 | 4,128  | 152 <b>,</b> 065.79 | 36.84        | .053 | 45.80         | 1.95        |
| CROSSOVERS/ALL OTH OUTPINT   | 1,181 | 2,686  | 48 <b>,</b> 947.99  | 18.22        | .034 | 41.45         | .63         |
| @COUNTY HOSPITAL TOTAL       | 40    | 146    | \$<br>17,548.62     | \$<br>120.20 | .002 | \$<br>438.72  | \$<br>.22   |
| CO HOSPITAL INPATIENT TOTAL  | 2     | 12     | 13,780.00           | 1148.33      | .000 | 6890.00       | .18         |
| HSC HOSPITALS                | 2     | 12     | 13,780.00           | 1148.33      | .000 | 6890.00       | .18         |
| NON-HSC HOSPITALS TOTAL      | 0     | 0      | .00                 | .00          | .000 | .00           | .00         |
| ACCOMMODATIONS               | 0     | 0      | .00                 | .00          | .000 | .00           | .00         |
|                              |       |        |                     |              |      |               |             |

| ADMINISTRATIVE DAYS   | 0                  | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
|---|--------------------|---|--------|-------------------|-------------------------------------|--------|-------------|-------------|------|-------------|
| TRANSITIONAL IP CARE  | 0                  | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
| ALL OTHER ACCOM   | 0                  | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
| ANCILLARIES   | 0                  | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
|   | 0                  | 0<br>0<br>0<br>0  |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
| ALL OTHER INPATIENT   | 0<br>0<br>38<br>17 | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
| CO HOSP OUTPATIENT TOTAL  | 3.8                | 134   |        | 3,768.62          | 28                                  | 3.12   | .002        | 99.17       |      | .05         |
| MEDICAL   | 17                 | 18  |        | 771.92            | 43                                  | 2 8 8  | .002        | 45.41       |      | .01         |
| SURGERY   | Λ                  | E   |        | 127.75            | 42                                  | 2.88   | .000        | 31.94       |      | .00         |
| PATHOLOGY   | 16                 | 45<br>7<br>37   |        | 961.48            | 21                                  | 37     | .001        | 60.09       |      | .01         |
| RADIOLOGY   | 3                  | 7   |        | 171.28            | 21                                  | 1 47   | .000        | 57.09       |      | .00         |
| ROOM USE  | 30                 | 37  |        | 1,415.91          | 38                                  | 2 27   | .000        | 47.20       |      | .02         |
| CROSSOVERS/ALL OTH OUTPTNT  | 12                 | 22  |        | 320.28            |                                     | 1.56   | .000        | 26.69       |      | .00         |
| #CALIF DEPT OF HEALTH SERV  |                    | CES AND EXPENDITUE  | DEC MO |                   |                                     |        |             |             |      | PAGE 10,735 |
| MOP024  | FEE-FOR-SERVICE    |   | VES MO | NIH-OF-FAIMENI K. | EFORT FOR                           | VOAN   | 2004 IRKO D | EC 2004     |      | 03/14/05    |
| SACRAMENTO COUNTY   |                    | JICES FOR MIC - N   | JO SOC | 03 04 25 45 45    | 1                                   | 7m 92  | QE QW       |             |      | 03/14/03    |
| SACRAMENTO COUNTT   | SUMMARI OF SERV    | VICES FOR MIC - I   | NO 30C | 05 04 2A 45 4A    | AV AM DV                            | /1 02  |             | NTHLY AVER  | 7 (5 |             |
| 78,093 ELIGIBLES  | USERS              | UNITS OF SERVICE  | 7      | EXPENDITURES      | AT/EDACI                            | r COST | UNITS/DAYS  |             |      | COST PER    |
| 70,093 EDIGIBLES  | CNECO              | OR DAYS OF CARE 16,794 2,166 2,074 92 92 0 0 0 14,628 838 315 5,553 1,167 4,091 | 7      | EXFENDITORES      | DED IIN                             |        | PER ELIG    | USER        |      | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | / 513              | 16 791  | ç      | 3 328 058 83      | \$ 198                              | 2 22   | 215         | \$ 737.64   | Ċ    |             |
| COMM HOSP INPATIENT TOTAL   | 373                | 2 166   | Ÿ      | 2 956 955 99      | 1364                                | 1 75   | .028        | 7925.08     |      | 37.85       |
| HSC HOSPITALS   | 373                | 2,100   |        | 2,930,033.00      | 1361                                | 0/     | .027        | 7933.84     |      | 36.17       |
| NON-HSC HOSPITALS TOTAL   | 10                 | 2,074   |        | 121 600 20        | 1 / 2 /                             | 1.04   | .001        | 7331.57     |      | 1.69        |
| ACCOMMODATIONS  | 10                 | 92  |        | 22 604 00         | 1430                                | 7.55   | .001        | 4593.60     |      | 1.06        |
| ACCOMMODATIONS ADMINISTRATIVE DAYS                                  | 10                 | 92  |        | 02,004.00         | 090                                 | 00     | .000        |             |      | .00         |
| TRANSITIONAL IP CARE  | 0                  | 0   |        | .00               | 1364<br>1364<br>1363<br>1430<br>898 | 00     | .000        | .00         |      | .00         |
| ALL OTHER ACCOM   | 10                 | 92  |        | 02 604 00         | 000                                 | 75     | .001        | 4593.60     |      | 1.06        |
| ANCILLARIES   | 10                 | 92  |        | 10 023 12         | 090                                 | 00     | .000        | 2717.97     |      | .63         |
| INPATIENT CROSSOVERS  | 10                 | 0   |        | 40,923.42         |                                     | .00    | .000        | 2/1/.9/     |      | .00         |
| ALL OTHER INPATIENT   | 0                  | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
| COMM HOSP OUTPATIENT TOTAL  | 1 266              | 14 629  |        | 372 003 03        | 2 1                                 | .00    | .187        | 87.41       |      | 4.78        |
| MEDICAL   | 4,200              | 14,020  |        | 25 222 07         | 25<br>42                            | 16     | .011        | 57.36       |      | .45         |
| SURGERY   | 205                | 315   |        | 12 202 44         | 42                                  | 2.10   | .004        | 45.36       |      | .17         |
| PATHOLOGY   | 1 252              | 5 553   |        | 56 248 55         | 1 (                                 | 1 1 2  | .071        | 44.93       |      | .72         |
| RADIOLOGY   | 252                | 1,167   |        | 68,661.28         | 42<br>10<br>58                      | 2 21   | .015        | 79.93       |      | . 88        |
| ROOM USE  | 3 <b>,</b> 292     | 4,091   |        | 150,649.88        | 3 (                                 | 5.82   | .052        | 45.76       |      | 1.93        |
|   | 0,202              | 2,664   |        | 48,627.71         |                                     | 2 25   | .034        | 41.60       |      | .62         |
| @STATE HOSPITAL   | 7                  | 198   | \$     | 101,430.69        | 18<br>\$ 512                        | 28     | .004        | \$ 14490.10 |      |             |
| MENUATIV TII  | 7                  | 198   | Y      | 101,430.69        | 7 J12                               | 2.28   | .003        | 14490.10    |      | 1.30        |
| DEVELOD DIGNELED  | 0                  | 0   |        | .00               | 512                                 | .00    | .000        | .00         |      | .00         |
| @NURSING FACILITY   | 2                  | 6   | \$     | 990.79            | \$ 165                              | 5.13   | .000        |             |      | .01         |
| MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE | 0                  | 0   | Y      | .00               | 7 10.                               | .00    | .000        | .00         |      | .00         |
| LEV B-REHAB MD  | 1                  | 6   |        | 751.92            | 12                                  | 5.32   | .000        | 751.92      |      | .01         |
| LEV B-SUBACUTE FREESTANDING   | U                  | 0   |        | .00               | 12、                                 | .00    | .000        | .00         |      | .00         |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED              | 0                  | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
| LEV B-SUBACUTE HISTEL BASED LEV B-TRANSITIONAL IP CARE              | 0                  | 0   |        | .00               |                                     | .00    | .000        | .00         |      | .00         |
| LEV B-REGULAR   | 1                  | 0   |        | 238.87            |                                     | .00    | .000        | 238.87      |      | .00         |
| TEA D VEGOTVV   | Τ                  | 0   |        | 230.07            |                                     | .00    | .000        |             |      | .00         |

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@INTERMEDIATE CARE FACIL.-DD

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@HEMODIALYSIS TOTAL

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@REHABILITATION FACILITY

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| INDEPENDENT FACILITY         | 42                | 746               |         | 12,124.27     | 1        | 16.25     | .010            |       | 288.67    |       | .16        |
|------------------------------|-------------------|-------------------|---------|---------------|----------|-----------|-----------------|-------|-----------|-------|------------|
| @LABORATORY FACILITY         | 2,096             | 5,643             | \$      | 67,946.56     | \$       | 12.04     | .072            | \$    | 32.42     | \$    | .87        |
| PATHOLOGY                    | 2,096             | 5,643             |         | 67,946.56     | )        | 12.04     | .072            |       | 32.42     |       | .87        |
| XO AND OTHERS                | 0                 | 0                 |         | .00           | 1        | .00       | .000            |       | .00       |       | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 1,847             | 4,394             | \$      | 242,722.26    | \$       | 55.24     | .056            | \$    | 131.41    | \$    | 3.11       |
| CLINIC                       | 926               | 2,847             |         | 78,654.65     | ,        | 27.63     | .036            |       | 84.94     |       | 1.01       |
| SURGICENTER                  | 53                | 306               |         | 10,083.91     |          | 32.95     | .004            |       | 190.26    |       | .13        |
| HEROIN DETOX CLINIC          | 0                 | 0                 |         | .00           | 1        | .00       | .000            |       | .00       |       | .00        |
| RURAL HEALTH CLINIC          | 876               | 1,241             |         | 153,983.70    | 1        | 124.08    | .016            |       | 175.78    |       | 1.97       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES | AND EXPENDITUR    | ES MONT | 'H-OF-PAYMENT | REPOR'   | T FOR JAN | 2004 THRU       | DEC   | 2004      | PF    | AGE 10,736 |
| MOP024                       | FEE-FOR-SERVICE/D | ENTAL             |         |               |          |           |                 |       |           |       | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVIC | ES FOR MIC - N    | o soc 0 | 3 04 2A 45 4A | 4K 4     | M 5K 7T 8 | 2 8E 8W         |       |           |       |            |
|                              |                   |                   |         |               |          |           | I               | ITNON | HLY AVERA | .GE - |            |
| 70 002 ELICIDIEC             | TICEDC II         | NITHO OF CEDITACI |         | EADEMPTHIDEG  | 7. 7. 7. | EDACE COC | m rinteme / Day | 70 /  |           |       |            |

| TRANS   STATEMENT   TRANS    |                                |       |                  |                    |              | MC         | NTHLY AVERA | .GE      |
|--|--------------------------------|-------|------------------|--------------------|--------------|------------|-------------|----------|
| QALL OTHER PROVIDERS   | 78,093 ELIGIBLES               | USERS | UNITS OF SERVICE | EXPENDITURES       | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
| DURABLE MED. EQUIP.  |                                |       | OR DAYS OF CARE  |                    |              | PER ELIG   | USER        | ELIGIBLE |
| BLOOD BANK   | @ALL OTHER PROVIDERS           | 1,986 | 102,666          | \$<br>330,752.92   | \$ 3.22      | 1.315      | \$ 166.54   | \$ 4.24  |
| HEARING AID DISPENSERS   | DURABLE MED. EQUIP.            | 150   | 577              | 45,206.24          | 78.35        | .007       | 301.37      | .58      |
| MEDICAL TRANSPORTATION   328   2,292   46,865.97   20.45   0.029   142,88   6.00   AMBULANCES/AIR TRANS   325   2,255   37,778.00   16.75   0.029   116.24   4.88   0.00 | BLOOD BANK                     | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS 1 30 68.21 2.27 .000 68.21 .00 OTHER SERVICES 7 7 7 9,019.76 1288.54 .000 1288.54 .12 ACUPUNCTURE 1 1 1 12.17 12.17 .000 12.17 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 127 127 13,335.00 105.00 .002 105.00 .17 IHMC, MODEL-NF, NF, AIDS, MSSF 1 18 582.30 32.35 .000 582.30 .01 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 OPTICTAN 629 1,361 11,533.10 8.47 .017 18.34 .15 PHYSICAL THERAPIST 3 12 237.91 19.83 .000 79.30 .00 PROSTRETIST/ORTHOTISTS 20 75 22,651.63 302.02 .001 1132.58 .29 PROSTRETIST/ORTHOTISTS 20 75 22,651.63 302.02 .001 1132.58 .29 ORTHOTICS 0 0 0 .00 .00 .00 .00 PSYCHOLOGIST 7 35 1,423.33 40.67 .000 .000 PSYCHOLOGIST 7 35 1,423.33 40.67 .000 .000 PSYCHOLOGIST 7 35 1,423.33 40.67 .000 .000 .000 PSYCHOLOGIST 7 35 1,423.33 40.67 .000 .000 .000 DONNINST BIRTHING CENTERS 0 0 0 0 .00 .000 .000 .000 DONNINST BIRTHING CENTERS 0 0 0 0 .00 .000 .000 .000 .000 LOCAL EDUCATION AGENCIES 568 15,874 74,240.50 4.68 .203 130.71 .95 EESDT SUPPLEMENTAL SERVICE 20 2,695 76,364.49 28.34 .035 3818.22 .98 RESPIRATORY CARE PRACT. 0 0 0 .00 .000 .000 .000 PLOCAL EDUCATION AGENCIES 568 15,874 74,240.50 4.68 .203 130.71 .95 EESDT SUPPLEMENTAL SERVICE 20 2,695 76,364.49 28.34 .035 3818.22 .98 RESPIRATORY CARE PRACT. 0 0 0 .00 .000 .000 .000 PED SUBACUTE REHAB/MEANING 0 0 0 .00 .000 .000 .000 PED SUBACUTE REHAB/MEANING 0 0 0 .00 .000 .000 .000 PED SUBACUTE REHAB/MEANING 0 0 0 .00 .000 .000 .000 PED SUBACUTE REHAB/MEANING 0 0 0 .000 .000 .000 .000 PED SUBACUTE REHAB/MEANING 0 0 0 .000 .000 .000 .000 PED SUBACUTE REHAB/MEANING 0 0 .000 .000 .000 .000 .000 PED SUBACUTE REHAB/MEANING 0 0 .000 .000 .000 .000 .000 .000 .00   | HEARING AID DISPENSERS         | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| OTHER TRANS OTHER SERVICES 7 7 7 7 9,019.76 1288.54 .000 1288.54 .12 ACUPUNCTURE 1 1 1 12.17 .000 12.17 .000 ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | MEDICAL TRANSPORTATION         | 328   | 2 <b>,</b> 292   | 46,865.97          | 20.45        | .029       | 142.88      | .60      |
| OTHER SERVICES 7 7 7 9,019.76 1288.54 .000 1288.54 .12 ACUPUNCTURE 1 1 1 12.17 12.17 .000 12.17 .000 .00 .00 .00 .00 .00 .00 .00 .00 .   | AMBULANCES/AIR TRANS           | 325   | 2,255            | 37,778.00          | 16.75        | .029       | 116.24      | .48      |
| ACUPUNCTURE ADULT DAY HEALTH CARE CTR O D ADULT DAY HEALTH CARE CTR O O CEMETIC DISEASE TESTING 127 127 118,335.00 105.00 .002 105.00 .17 1HMC,MODEL-NF,NF,AIDS,MSSP 1 1 18 582.30 32.35 .000 582.30 .01 0CCUPATIONAL THERAPIST 0 0 OPTICIAN 629 1,361 11,533.10 8.47 .017 18.34 .15 PHYSICAL THERAPIST 3 12 237.91 19.83 .000 79.30 .00 PORTABLE X-RAY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | OTHER TRANS                    | 1     | 30               | 68.21              | 2.27         | .000       | 68.21       | .00      |
| ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  | OTHER SERVICES                 | 7     | 7                | 9,019.76           | 1288.54      | .000       | 1288.54     | .12      |
| GENETIC DISEASE TESTING 127 127 13,335.00 105.00 .002 105.00 .17 IHMC,MODEL-NF,NF,AIDS,MSSP 1 18 582.30 32.35 .000 582.30 .01 .000 .000 .000 .000 .000 .000 .0   | ACUPUNCTURE                    | 1     | 1                | 12.17              | 12.17        | .000       | 12.17       | .00      |
| THMC,MODEL-NF,NF,AIDS,MSSP   | ADULT DAY HEALTH CARE CTR      | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| OCCUPATIONAL THERAPIST         0         0         .00         .00         .00         .00         .00         .00           OPTICIAN         629         1,361         11,533.10         8.47         .017         18.34         .15           PHYSICAL THERAPIST         3         12         237.91         19.83         .000         79.30         .00           PORTABLE X-RAY         0         0         .00   | GENETIC DISEASE TESTING        | 127   | 127              | 13,335.00          | 105.00       | .002       | 105.00      | .17      |
| OPTICIAN         629         1,361         11,533.10         8.47         .017         18.34         .15           PHYSICAL THERAPIST         3         12         237.91         19.83         .000         79.30         .00           PORTABLE X-RAY         0         0         .00  | IHMC, MODEL-NF, NF, AIDS, MSSP | 1     | 18               | 582.30             | 32.35        | .000       | 582.30      | .01      |
| PHYSICAL THERAPIST         3         12         237.91         19.83         .000         79.30         .00           PORTABLE X-RAY         0         0         .00   | OCCUPATIONAL THERAPIST         | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| PORTABLE X-RAY         0         0         .00         .00         .00         .00         .00           PROSTHETIST/ORTHOTISTS         20         75         22,651.63         302.02         .001         1132.58         .29           PROSTHETICS         20         75         22,651.63         302.02         .001         1132.58         .29           ORTHOTICS         0         0         .00         .00         .00         .00         .00         .00           PSYCHOLOGIST         7         35         1,423.33         40.67         .000         203.33         .02           SPEECH AND AUDIOLOGY         26         71         3,526.02         49.66         .001         135.62         .05           HOSPICE SERVICES         1         1         136.14         136.14         .000         136.14         .00           NONINST BIRTHING CENTERS         0         0         .00   | OPTICIAN                       | 629   | 1,361            |                    | 8.47         | .017       | 18.34       | .15      |
| PROSTHETIST/ORTHOTISTS         20         75         22,651.63         302.02         .001         1132.58         .29           PROSTHETICS         20         75         22,651.63         302.02         .001         1132.58         .29           ORTHOTICS         0         0         .00         .00         .00         .00         .00         .00           PSYCHOLOGIST         7         35         1,423.33         40.67         .000         203.33         .02           SPEECH AND AUDIOLOGY         26         71         3,526.02         49.66         .001         135.62         .05           HOSPICE SERVICES         1         1         1         136.14         136.14         .00         136.14         .00           NONINST BIRTHING CENTERS         0         0         .00         .00         .00         .00         .00         .00         .00           LOCAL EDUCATION AGENCIES         568         15,874         74,240.50         4.68         .203         130.71         .95           EPSDT SUPPLEMENTAL SERVICE         20         2,695         76,364.49         28.34         .035         3818.22         .98           RESPIRATORY CARE PRACT.         0   | PHYSICAL THERAPIST             | 3     | 12               | 237.91             | 19.83        | .000       | 79.30       | .00      |
| PROSTHETICS 20 75 22,651.63 302.02 .001 1132.58 .29 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  | PORTABLE X-RAY                 | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| ORTHOTICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | PROSTHETIST/ORTHOTISTS         | 20    | 75               | 22,651.63          | 302.02       | .001       | 1132.58     | .29      |
| PSYCHOLOGIST         7         35         1,423.33         40.67         .000         203.33         .02           SPEECH AND AUDIOLOGY         26         71         3,526.02         49.66         .001         135.62         .05           HOSPICE SERVICES         1         1         136.14         136.14         .000         136.14         .00           NONINST BIRTHING CENTERS         0         0         .00         .00         .00         .00         .00         .00           LOCAL EDUCATION AGENCIES         568         15,874         74,240.50         4.68         .203         130.71         .95           EPSDT SUPPLEMENTAL SERVICE         20         2,695         76,364.49         28.34         .035         3818.22         .98           RESPIRATORY CARE PRACT.         0         0         .00         .00         .00         .00         .00           PED SUBACUTE REHAB/WEANING         0         0         .00         .00         .00         .00         .00         .00           ALL OTHER PROVIDERS         145         79,527         34,638.12         .44         1.018         238.88         .44           @CALIF. CHILDREN SERVICES*         960         27,132  | PROSTHETICS                    | 20    | 75               | 22,651.63          | 302.02       | .001       | 1132.58     | .29      |
| SPEECH AND AUDIOLOGY         26         71         3,526.02         49.66         .001         135.62         .05           HOSPICE SERVICES         1         1         136.14         136.14         .000         136.14         .00           NONINST BIRTHING CENTERS         0         0         .00         .00         .00         .00         .00         .00           LOCAL EDUCATION AGENCIES         568         15,874         74,240.50         4.68         .203         130.71         .95           EPSDT SUPPLEMENTAL SERVICE         20         2,695         76,364.49         28.34         .035         3818.22         .98           RESPIRATORY CARE PRACT.         0         0         .00         .00         .00         .00         .00         .00           PED SUBACUTE REHAB/WEANING         0         0         .00         .00         .00         .00         .00         .00         .00           ALL OTHER PROVIDERS         145         79,527         34,638.12         .44         1.018         238.88         .44           @CALIF. CHILDREN SERVICES*         960         27,132         \$ 2,122,483.91         \$ 78.23         .347         \$ 2210.92         \$ 27.18   | ORTHOTICS                      | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| HOSPICE SERVICES         1         1         1 36.14         136.14         .000         136.14         .00           NONINST BIRTHING CENTERS         0         0         .00         .00         .00         .00         .00         .00           LOCAL EDUCATION AGENCIES         568         15,874         74,240.50         4.68         .203         130.71         .95           EPSDT SUPPLEMENTAL SERVICE         20         2,695         76,364.49         28.34         .035         3818.22         .98           RESPIRATORY CARE PRACT.         0         0         .00         .00         .00         .00         .00         .00           PED SUBACUTE REHAB/WEANING         0         0         .00         .00         .00         .00         .00         .00           ALL OTHER PROVIDERS         145         79,527         34,638.12         .44         1.018         238.88         .44           @CALIF. CHILDREN SERVICES*         960         27,132         \$ 2,122,483.91         \$ 78.23         .347         \$ 2210.92         \$ 27.18  | PSYCHOLOGIST                   | 7     | 35               | 1,423.33           | 40.67        | .000       | 203.33      | .02      |
| NONINST BIRTHING CENTERS         0         0         .00   | SPEECH AND AUDIOLOGY           | 26    | 71               | 3,526.02           | 49.66        | .001       | 135.62      | .05      |
| LOCAL EDUCATION AGENCIES       568       15,874       74,240.50       4.68       .203       130.71       .95         EPSDT SUPPLEMENTAL SERVICE       20       2,695       76,364.49       28.34       .035       3818.22       .98         RESPIRATORY CARE PRACT.       0       0       .00  | HOSPICE SERVICES               | 1     | 1                | 136.14             | 136.14       | .000       | 136.14      | .00      |
| EPSDT SUPPLEMENTAL SERVICE       20       2,695       76,364.49       28.34       .035       3818.22       .98         RESPIRATORY CARE PRACT.       0       0       .00 </td <td>NONINST BIRTHING CENTERS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>  | NONINST BIRTHING CENTERS       | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| RESPIRATORY CARE PRACT.       0       0       0       .00 <td>LOCAL EDUCATION AGENCIES</td> <td>568</td> <td>15,874</td> <td>74,240.50</td> <td>4.68</td> <td>.203</td> <td>130.71</td> <td>.95</td>   | LOCAL EDUCATION AGENCIES       | 568   | 15,874           | 74,240.50          | 4.68         | .203       | 130.71      | .95      |
| PED SUBACUTE REHAB/WEANING       0       0       .00       .   | EPSDT SUPPLEMENTAL SERVICE     | 20    | 2 <b>,</b> 695   | 76,364.49          | 28.34        | .035       | 3818.22     | .98      |
| ALL OTHER PROVIDERS 145 79,527 34,638.12 .44 1.018 238.88 .44 @CALIF. CHILDREN SERVICES* 960 27,132 \$ 2,122,483.91 \$ 78.23 .347 \$ 2210.92 \$ 27.18  | RESPIRATORY CARE PRACT.        | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
| @CALIF. CHILDREN SERVICES* 960 27,132 \$ 2,122,483.91 \$ 78.23 .347 \$ 2210.92 \$ 27.18  | PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00                | .00          | .000       | .00         | .00      |
|  | ALL OTHER PROVIDERS            | 145   | 79 <b>,</b> 527  |                    |              | 1.018      | 238.88      | .44      |
|  | @CALIF. CHILDREN SERVICES*     | 960   | 27 <b>,</b> 132  | \$<br>2,122,483.91 | \$ 78.23     | .347       | \$ 2210.92  | \$ 27.18 |
|  | @XOVER EXCLUDING STATE HOSP**  | 1     | 0                | \$                 |              | .000       | \$ 238.87   | \$ .00   |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,737 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

| 011011111111111111111111111111111111111 | COLUMNIC OF CEICLE | 20 1011 1110 000 |              | 1110 0000    | 0.0        |              |          |
|---|--------------------|------------------|--------------|--------------|------------|--------------|----------|
|   |                    |                  |              |              | MON        | THLY AVERAGE | ·        |
| 530 ELIGIBLES                           | USERS U            | JNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER     | COST PER |
|   |                    | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER         | ELIGIBLE |
| @TOTAL, ALL PROVIDERS                   | 839                | 10,601 \$        | 715,649.00   | \$ 67.51     | 20.002 \$  | 852.98       | 1350.28  |
| @PHYSICIANS SERVICES                    | 396                | 1,501 \$         | 75,023.39    | \$ 49.98     | 2.832 \$   | 189.45       | 141.55   |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS          | 224             | 272                |         | 13,750.42             |              | 50.55          | .513        |     | 61.39       |    | 25.94      |
|----------------------------|-----------------|--------------------|---------|-----------------------|--------------|----------------|-------------|-----|-------------|----|------------|
| OFFICE VISITS              | 57              | 75                 |         | 2,877.23              |              | 38.36          | .142        |     | 50.48       |    | 5.43       |
| HOME VISITS                | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| EMERGENCY ROOM             | 156             | 167                |         | 9,867.71              |              | 59.09          | .315        |     | 63.25       |    | 18.62      |
| PREVENTIVE CARE            | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| OB VISITS/COMPRE PERI      | 1               | 2                  |         | 216.61                |              | 108.31         | .004        |     | 216.61      |    | .41        |
| OTHER OUTPATIENT           | 18              | 28                 |         | 788.87                |              | 28.17          | .053        |     | 43.83       |    | 1.49       |
| INPATIENT VISITS           | 65              | 258                |         | 13,174.40             |              | 51.06          | .487        |     | 202.68      |    | 24.86      |
| HOSPITAL VISITS            | 57              | 204                |         | 8,379.91              |              | 41.08          | .385        |     | 147.02      |    | 15.81      |
| CRITICAL CARE              | 8               | 18                 |         | 3,153.69              |              | 175.21         | .034        |     | 394.21      |    | 5.95       |
| SNF/ICF/TRANS IP CARE      | 6               | 36                 |         | 1,640.80              |              | 45.58          | .068        |     | 273.47      |    | 3.10       |
| OPHTHALMOLOGICAL SERVICES  | 3               | 3                  |         | 74.30                 |              | 24.77          | .006        |     | 24.77       |    | .14        |
| EXAMINATIONS               | 2               | 2                  |         | 54.30                 |              | 27.15          | .004        |     | 27.15       |    | .10        |
| SERVICES AND MATERIALS     | 1               | 1                  |         | 20.00                 |              | 20.00          | .002        |     | 20.00       |    | .04        |
| INPATIENT HOSPITAL SURGERY | 42              | 292                |         | 23,421.47             |              | 80.21          | .551        |     | 557.65      |    | 44.19      |
| PRINCIPAL SURGEON          | 22              | 39                 |         | 17,271.21             |              | 442.85         | .074        |     | 785.06      |    | 32.59      |
|                            | 3               | 3                  |         | 251.65                |              | 83.88          | .006        |     | 83.88       |    | .47        |
| ASSISTANT SURGEON          | 28              |                    |         |                       |              |                |             |     |             |    |            |
| ANESTHESIOLOGIST           |                 | 250                |         | 5,898.61              |              | 23.59          | .472        |     | 210.66      |    | 11.13      |
| OUTPATIENT SURGERY         | 41              | 87                 |         | 7,068.93              |              | 81.25          | .164        |     | 172.41      |    | 13.34      |
| PRINCIPAL SURGEON          | 33              | 36                 |         | 5,629.92              |              | 156.39         | .068        |     | 170.60      |    | 10.62      |
| ASSISTANT SURGEON          | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| ANESTHESIOLOGIST           | 11              | 51                 |         | 1,439.01              |              | 28.22          | .096        |     | 130.82      |    | 2.72       |
| DIALYSIS                   | 4               | 10                 |         | 932.56                |              | 93.26          | .019        |     | 233.14      |    | 1.76       |
| PATHOLOGY                  | 38              | 90                 |         | 1,898.51              |              | 21.09          | .170        |     | 49.96       |    | 3.58       |
| RADIOLOGY                  | 135             | 255                |         | 7,775.55              |              | 30.49          | .481        |     | 57.60       |    | 14.67      |
| PSYCHIATRY                 | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| IMMUNIZATION AND INJECTION | 9               | 99                 |         | 613.79                |              | 6.20           | .187        |     | 68.20       |    | 1.16       |
| OTHER SERVICES/ALL X-OVERS | 68              | 135                |         | 6,313.46              |              | 46.77          | .255        |     | 92.85       |    | 11.91      |
| @PHARMACY                  | 111             | 790 \$             | ;       | 18,667.09             | \$           | 23.63          | 1.491       | \$  | 168.17      | \$ | 35.22      |
| PRESCRIPTION DRUGS         | 109             | 335                |         | 16,315.58             |              | 48.70          | .632        |     | 149.68      |    | 30.78      |
| SNF/ICF                    | 17              | 101                |         | 6,410.37              |              | 63.47          | .191        |     | 377.08      |    | 12.10      |
| OUTPATIENTS                | 95              | 234                |         | 9,905.21              |              | 42.33          | .442        |     | 104.27      |    | 18.69      |
| MEDICAL SUPPLIES           | 9               | 455                |         | 2,351.51              |              | 5.17           | .858        |     | 261.28      |    | 4.44       |
| @DENTIST                   | 69              | 408 \$             | ;       | 11,548.00             | \$           | 28.30          | .770        | \$  | 167.36      | \$ | 21.79      |
| VISITS - DIAGNOSTIC        | 47              | 217                |         | 2,008.00              |              | 9.25           | .409        |     | 42.72       |    | 3.79       |
| ORAL SURGERY               | 22              | 61                 |         | 3,730.00              |              | 61.15          | .115        |     | 169.55      |    | 7.04       |
| DRUGS                      | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| ANESTHESIA                 | 2               | 2                  |         | .00                   |              | .00            | .004        |     | .00         |    | .00        |
| PERIODONTICS               | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| ENDODONTICS                | 7               | 11                 |         | 1,499.00              |              | 136.27         | .021        |     | 214.14      |    | 2.83       |
| RESTORATIVE DENTISTRY      | 29              | 104                |         | 4,206.00              |              | 40.44          | .196        |     | 145.03      |    | 7.94       |
| PROSTHETICS                | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| DENTURES, STAYPLATES       | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| SPACE MAINTAINERS          | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| MAXILLOFACIAL SERVICES     | 1               | 2                  |         | .00                   |              | .00            | .004        |     | .00         |    | .00        |
| FRACTURES, DISLOCATIONS    | 0               | 0                  |         | .00                   |              | .00            | .000        |     | .00         |    | .00        |
| ORTHODONTIC SERVICES       | 7               | 8                  |         | 105.00                |              | 13.13          |             |     | 15.00       |    | .20        |
| ALL OTHER SERVICES         | 2               | 3                  |         | .00                   |              | .00            |             |     | .00         |    | .00        |
| #CALIF DEPT OF HEALTH SERV |                 |                    | MON     |                       | EPORT        |                |             |     |             | P  | AGE 10,738 |
|                            | FEE-FOR-SERVICE |                    | , 11010 | VIII OI IIIIIIIIVI IV | (LI OI(I     | . 1010 01110 2 | 2001 1111(0 | DLC | 2001        |    | 03/14/05   |
|                            |                 | ICES FOR MIC - SOC |         |                       |              | AID CODE       | 83          |     |             |    | 03/14/03   |
| SACKAMENIO COUNTI          | SOMMAKI OF SERV | ICES FOR MIC 500   |         |                       |              |                | M           |     | א משעא א דע | CF |            |
| 530 ELIGIBLES              | USERS           | UNITS OF SERVICE   |         | EXPENDITURES          | <b>⊼</b> 17⊑ |                |             |     |             | -  | COST PER   |
| 220 FILGIDIES              | 021172          | OR DAYS OF CARE    |         | EVI EMDII OVES        |              | R UNIT/DAY     |             |     | USER        |    | ELIGIBLE   |
| @OPTOMETRIST               | 7               | 19 \$              |         | 396.04                |              |                | .036        |     | 56.58       |    | .75        |
| DIAGNOSTIC AND ANC. PROCED | ·               | 4                  | •       | 181.79                |              | 45.45          |             |     | 45.45       | Y  | .34        |
| DIAGNOSTIC AND ANC. FROCED | 4               | 4                  |         | 101.79                |              | 40.40          | .000        |     | 40.40       |    | . 54       |

| EYE APPLIANCES               | 5                  | 15             |          | 214.25       |          | 14.28      | .028  | 42.85       |          | .40        |
|------------------------------|--------------------|----------------|----------|--------------|----------|------------|-------|-------------|----------|------------|
| OTHER OPTOMETRIC SERVICES    | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| @CHIROPRACTOR                | 0                  | 0              | \$       | .00          | \$       | .00        | .000  | \$ .00      | \$       | .00        |
| VISITS                       | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| OTHER SERVICES               | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| @PODIATRIST                  | 0                  | 0              | Ś        | .00          | Ś        | .00        | .000  |             | Ś        | .00        |
| MEDICINE/INJECTIONS          | 0                  | 0              | т        | .00          | т        | .00        | .000  | .00         | Τ.       | .00        |
| SURGERY/ANES.                | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
|                              | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| RADIO./PATHOLOGY             | 0                  |                |          |              |          |            |       |             |          |            |
| OTHER                        | U                  | 0              | <u>^</u> | .00          | <u> </u> | .00        | .000  | .00         | <u> </u> | .00        |
| @HOME HEALTH AGENCY          | 2                  | 558            | \$       | 12,205.90    | \$       | 21.87      | 1.053 |             |          | 23.03      |
| NURSE ANESTHESIST            | 0                  | 0              | \$       | .00          | \$       | .00        |       |             | \$       | .00        |
| NURSE MIDWIFE                | 0                  | 0              | \$       | .00          | \$       | .00        |       | \$ .00      |          | .00        |
| PEDIATRIC NURSE PRACTITIONER |                    | 0              | \$       | .00          | \$       | .00        |       |             | \$       | .00        |
| FAMILY NURSE PRACTITIONER    | 0                  | 0              | \$       | .00          | \$       | .00        | .000  | \$ .00      | \$       | .00        |
| @TOTAL HOSPITAL              | 334                | 1,897          | \$       | 272,656.35   | \$       | 143.73     | 3.579 | \$ 816.34   | \$       | 514.45     |
| HOSP INPATIENT TOTAL         | 54                 | 210            |          | 236,898.96   |          | 1128.09    | .396  | 4387.02     |          | 446.98     |
| HSC HOSPITALS                | 50                 | 197            |          | 222,737.06   |          | 1130.64    | .372  | 4454.74     |          | 420.26     |
| NON-HSC HOSPITAL TOTAL       | 4                  | 13             |          | 14,161.90    |          | 1089.38    | .025  | 3540.48     |          | 26.72      |
| ACCOMMODATIONS               | 4                  | 13             |          | 7,193.05     |          | 553.31     | .025  | 1798.26     |          | 13.57      |
| ADMINISTRATIVE DAYS          | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| TRANSITIONAL IP CARE         | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| ALL OTHER ACCOM              | 4                  | 13             |          | 7,193.05     |          | 553.31     | .025  | 1798.26     |          | 13.57      |
|                              | 4                  | 0              |          | 6,968.85     |          |            |       | 1742.21     |          |            |
| ANCILLARIES                  | 0                  | -              |          | .,           |          | .00        | .000  |             |          | 13.15      |
| INPATIENT CROSSOVERS         |                    | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| ALL OTHER INPATIENT          | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| HOSP OUTPATIENT TOTAL        | 287                | 1,687          |          | 35,757.39    |          | 21.20      | 3.183 | 124.59      |          | 67.47      |
| MEDICAL                      | 77                 | 105            |          | 4,232.95     |          | 40.31      | .198  | 54.97       |          | 7.99       |
| SURGERY                      | 46                 | 46             |          | 1,277.55     |          | 27.77      | .087  | 27.77       |          | 2.41       |
| PATHOLOGY                    | 138                | 746            |          | 5,955.02     |          | 7.98       | 1.408 | 43.15       |          | 11.24      |
| RADIOLOGY                    | 103                | 179            |          | 12,590.86    |          | 70.34      | .338  | 122.24      |          | 23.76      |
| ROOM USE                     | 230                | 270            |          | 7,634.54     |          | 28.28      | .509  | 33.19       |          | 14.40      |
| CROSSOVERS/ALL OTH OUTPINT   | 148                | 341            |          | 4,066.47     |          | 11.93      | .643  | 27.48       |          | 7.67       |
| @COUNTY HOSPITAL TOTAL       | 4                  | 10             | \$       | 614.77       | \$       | 61.48      | .019  |             | \$       | 1.16       |
| CO HOSPITAL INPATIENT TOTAL  | 0                  | 0              |          | .00          | ·        | .00        | .000  | .00         | •        | .00        |
| HSC HOSPITALS                | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| NON-HSC HOSPITALS TOTAL      | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| ACCOMMODATIONS               | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| ADMINISTRATIVE DAYS          | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| TRANSITIONAL IP CARE         | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
|                              | 0                  | 0              |          |              |          |            |       |             |          |            |
| ALL OTHER ACCOM              | 0                  | -              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| ANCILLARIES                  | U                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| INPATIENT CROSSOVERS         | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| ALL OTHER INPATIENT          | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| CO HOSP OUTPATIENT TOTAL     | 4                  | 10             |          | 614.77       |          | 61.48      | .019  | 153.69      |          | 1.16       |
| MEDICAL                      | 3                  | 4              |          | 341.76       |          | 85.44      | .008  | 113.92      |          | .64        |
| SURGERY                      | 1                  | 1              |          | 127.87       |          | 127.87     | .002  | 127.87      |          | .24        |
| PATHOLOGY                    | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| RADIOLOGY                    | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| ROOM USE                     | 4                  | 5              |          | 145.14       |          | 29.03      | .009  | 36.29       |          | .27        |
| CROSSOVERS/ALL OTH OUTPINT   | 0                  | 0              |          | .00          |          | .00        | .000  | .00         |          | .00        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES  | AND EXPENDITU  | RES M    |              | EPOR     |            |       |             | P        | AGE 10,739 |
| MOP024                       | FEE-FOR-SERVICE/DI |                |          |              |          |            |       |             |          | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICE |                | SOC      |              |          | AID CODE   | 8.3   |             |          | 00, 11, 00 |
|                              |                    |                |          |              |          | 1112 0000  |       | NTHLY AVERA | GF: -    |            |
| 530 FITCIDIES                | HOEDO III          | ITTO OF CEDUTO | E.       | EADEMDIMIDES | 71.7.7   | EDACE COCH |       | COCH DED    | _        | COCH DED   |

|                             |     | OR DAYS OF CARE | C  |            | PER | UNIT/DAY | PER ELIG | USER        | ELIGIBLE     |
|-----------------------------|-----|-----------------|----|------------|-----|----------|----------|-------------|--------------|
| @COMMUNITY HOSPITAL TOTAL   | 330 | 1,887           | \$ | 272,041.58 | \$  | 144.17   | 3.560    | \$ 824.37   | \$<br>513.29 |
| COMM HOSP INPATIENT TOTAL   | 54  | 210             |    | 236,898.96 |     | 1128.09  | .396     | 4387.02     | 446.98       |
| HSC HOSPITALS               | 50  | 197             |    | 222,737.06 |     | 1130.64  | .372     | 4454.74     | 420.26       |
| NON-HSC HOSPITALS TOTAL     | 4   | 13              |    | 14,161.90  |     | 1089.38  | .025     | 3540.48     | 26.72        |
| ACCOMMODATIONS              | 4   | 13              |    | 7,193.05   |     | 553.31   | .025     | 1798.26     | 13.57        |
| ADMINISTRATIVE DAYS         | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| TRANSITIONAL IP CARE        | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| ALL OTHER ACCOM             | 4   | 13              |    | 7,193.05   |     | 553.31   | .025     | 1798.26     | 13.57        |
| ANCILLARIES                 | 4   | 0               |    | 6,968.85   |     | .00      | .000     | 1742.21     | 13.15        |
| INPATIENT CROSSOVERS        | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| ALL OTHER INPATIENT         | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| COMM HOSP OUTPATIENT TOTAL  | 283 | 1 <b>,</b> 677  |    | 35,142.62  |     | 20.96    | 3.164    | 124.18      | 66.31        |
| MEDICAL                     | 74  | 101             |    | 3,891.19   |     | 38.53    | .191     | 52.58       | 7.34         |
| SURGERY                     | 45  | 45              |    | 1,149.68   |     | 25.55    | .085     | 25.55       | 2.17         |
| PATHOLOGY                   | 138 | 746             |    | 5,955.02   |     | 7.98     | 1.408    | 43.15       | 11.24        |
| RADIOLOGY                   | 103 | 179             |    | 12,590.86  |     | 70.34    | .338     | 122.24      | 23.76        |
| ROOM USE                    | 226 | 265             |    | 7,489.40   |     | 28.26    | .500     | 33.14       | 14.13        |
| CROSSOVERS/ALL OTH OUTPINT  | 148 | 341             |    | 4,066.47   |     | 11.93    | .643     | 27.48       | 7.67         |
| @STATE HOSPITAL             | 2   | 68              | \$ | 41,073.71  | \$  | 604.03   | .128     | \$ 20536.86 | \$<br>77.50  |
| MENTALLY ILL                | 2   | 68              |    | 41,073.71  |     | 604.03   | .128     | 20536.86    | 77.50        |
| DEVELOP. DISABLED           | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| @NURSING FACILITY           | 9   | 398             | \$ | 244,328.22 | \$  | 613.89   | .751     | \$ 27147.58 | \$<br>461.00 |
| LEV A-INTERMEDIATE          | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| LEV B-REHAB MD              | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| LEV B-SUBACUTE FREESTANDING | 9   | 398             |    | 244,328.22 |     | 613.89   | .751     | 27147.58    | 461.00       |
| LEV B-SUBACUTE HSPTL BASED  | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| LEV B-TRANSITIONAL IP CARE  | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| LEV B-REGULAR               | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| @INTERMEDIATE CARE FACILDD  | 0   | 0               | \$ | .00        | \$  | .00      | .000     | \$ .00      | \$<br>.00    |
| ICF DDH                     | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |
| ICF DD                      | 0   | 0               |    | .00        |     | .00      | .000     | .00         | .00          |

| ICF DDN/DDCN                 | 0                      | 0            | .00              | )      | .00         | .000   |     | .00     |    | .00        |
|------------------------------|------------------------|--------------|------------------|--------|-------------|--------|-----|---------|----|------------|
| @HEMODIALYSIS TOTAL          | 7                      | 385 \$       | 9,995.19         | ) \$   | 25.96       | .726   | \$  | 1427.88 | \$ | 18.86      |
| HOSPITAL BASED               | 0                      | 0            | .00              | )      | .00         | .000   |     | .00     |    | .00        |
| HEMODIALYSIS CENTER          | 7                      | 385          | 9,995.19         | )      | 25.96       | .726   |     | 1427.88 |    | 18.86      |
| @REHABILITATION FACILITY     | 4                      | 9 \$         | 184.46           | 5 \$   | 20.50       | .017   | \$  | 46.12   | \$ | .35        |
| HOSPITAL BASED               | 3                      | 5            | 114.03           | 3      | 22.81       | .009   |     | 38.01   |    | .22        |
| INDEPENDENT FACILITY         | 1                      | 4            | 70.43            | 3      | 17.61       | .008   |     | 70.43   |    | .13        |
| @LABORATORY FACILITY         | 27                     | 177 \$       | 2,033.18         | \$     | 11.49       | .334   | \$  | 75.30   | \$ | 3.84       |
| PATHOLOGY                    | 27                     | 177          | 2,033.18         | 3      | 11.49       | .334   |     | 75.30   |    | 3.84       |
| XO AND OTHERS                | 0                      | 0            | .00              | )      | .00         | .000   |     | .00     |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 13                     | 46 \$        | 2,196.61         |        | 47.75       | .087   | \$  | 168.97  | \$ | 4.14       |
| CLINIC                       | 8                      | 29           | 1,142.54         | Į.     | 39.40       | .055   |     | 142.82  |    | 2.16       |
| SURGICENTER                  | 3                      | 15           | 531.55           | )      | 35.44       | .028   |     | 177.18  |    | 1.00       |
| HEROIN DETOX CLINIC          | 0                      | 0            | .00              | )      | .00         | .000   |     | .00     |    | .00        |
| RURAL HEALTH CLINIC          | 2                      | 2            | 522.52           | 2      | 261.26      | .004   |     | 261.26  |    | .99        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND  | EXPENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN 200 | 4 THRU | DEC | 2004    | P. | AGE 10,740 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL |              |                  |        |             |        |     |         |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FO | R MIC - SOC  |                  |        | AID CODE 83 |        |     |         |    |            |

|                                |       |                  | _  |              |              | MC         | NTHLY AVERA | .GE |          |
|--------------------------------|-------|------------------|----|--------------|--------------|------------|-------------|-----|----------|
| 530 ELIGIBLES                  | USERS | UNITS OF SERVICE |    | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    |     | COST PER |
|                                |       | OR DAYS OF CARE  |    |              | PER UNIT/DAY | PER ELIG   | USER        |     | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 79    | 4,345            | \$ | 25,340.86    | \$ 5.83      | 8.198      | \$ 320.77   | \$  | 47.81    |
| DURABLE MED. EQUIP.            | 5     | 7                |    | 317.72       | 45.39        | .013       | 63.54       |     | .60      |
| BLOOD BANK                     | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| HEARING AID DISPENSERS         | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| MEDICAL TRANSPORTATION         | 49    | 4,098            |    | 21,318.03    | 5.20         | 7.732      | 435.06      |     | 40.22    |
| AMBULANCES/AIR TRANS           | 44    | 380              |    | 7,826.07     | 20.59        | .717       | 177.87      |     | 14.77    |
| OTHER TRANS                    | 5     | 3 <b>,</b> 712   |    | 6,722.20     | 1.81         | 7.004      | 1344.44     |     | 12.68    |
| OTHER SERVICES                 | 5     | 6                |    | 6,769.76     | 1128.29      | .011       | 1353.95     |     | 12.77    |
| ACUPUNCTURE                    | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| GENETIC DISEASE TESTING        | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| OCCUPATIONAL THERAPIST         | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| OPTICIAN                       | 2     | 6                |    | 36.90        | 6.15         | .011       | 18.45       |     | .07      |
| PHYSICAL THERAPIST             | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| PORTABLE X-RAY                 | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| PROSTHETIST/ORTHOTISTS         | 1     | 6                |    | 979.96       | 163.33       | .011       | 979.96      |     | 1.85     |
| PROSTHETICS                    | 1     | 6                |    | 979.96       | 163.33       | .011       | 979.96      |     | 1.85     |
| ORTHOTICS                      | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| PSYCHOLOGIST                   | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| SPEECH AND AUDIOLOGY           | 3     | 6                |    | 889.84       | 148.31       | .011       | 296.61      |     | 1.68     |
| HOSPICE SERVICES               | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| NONINST BIRTHING CENTERS       | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| LOCAL EDUCATION AGENCIES       | 18    | 218              |    | 1,619.20     | 7.43         | .411       | 89.96       |     | 3.06     |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| RESPIRATORY CARE PRACT.        | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                |    | .00          | .00          | .000       | .00         |     | .00      |
| ALL OTHER PROVIDERS            | 2     | 4                |    | 179.21       | 44.80        | .008       | 89.61       |     | .34      |
| @CALIF. CHILDREN SERVICES*     | 59    | 6 <b>,</b> 954   | \$ | 156,780.87   | \$ 22.55     | 13.121     | \$ 2657.30  | \$  | 295.81   |
| @XOVER EXCLUDING STATE HOSP**  | 3     | 4                | \$ | 1,109.90     | \$ 277.48    | .008       | \$ 369.97   | \$  | 2.09     |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,742 FEE-FOR-SERVICE/DENTAL MOP024 03/14/05 CROSSOVERS/ALL OTH OUTPINT 12 22 320.28 14.56 .000 26.69 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,743 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

| CALIFORNIA | PAPER | #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,744 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

| 78,623 ELIGIBLES               | USERS | UNITS OF SERVICE | ]  | EXPENDITURES        | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER |
|--------------------------------|-------|------------------|----|---------------------|--------------|------------|------------|----------|
|                                |       | OR DAYS OF CARE  | 2  |                     | PER UNIT/DAY |            | USER       | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 2,065 | 107,011          | \$ | 356 <b>,</b> 093.78 | \$ 3.33      | 1.361      | \$ 172.44  | \$ 4.53  |
| DURABLE MED. EQUIP.            | 155   | 584              |    | 45,523.96           | 77.95        | .007       | 293.70     | .58      |
| BLOOD BANK                     | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| HEARING AID DISPENSERS         | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| MEDICAL TRANSPORTATION         | 377   | 6 <b>,</b> 390   |    | 68,184.00           | 10.67        |            | 180.86     | .87      |
| AMBULANCES/AIR TRANS           | 369   | 2 <b>,</b> 635   |    | 45,604.07           | 17.31        | .034       | 123.59     | .58      |
| OTHER TRANS                    | 6     | 3,742            |    | 6,790.41            | 1.81         | .048       | 1131.74    | .09      |
| OTHER SERVICES                 | 12    | 13               |    | 15,789.52           | 1214.58      | .000       | 1315.79    | .20      |
| ACUPUNCTURE                    | 1     | 1                |    | 12.17               | 12.17        | .000       | 12.17      | .00      |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| GENETIC DISEASE TESTING        | 127   | 127              |    | 13,335.00           |              | .002       | 105.00     | .17      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1     | 18               |    | 582.30              | 32.35        | .000       | 582.30     | .01      |
| OCCUPATIONAL THERAPIST         | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| OPTICIAN                       | 631   | 1,367            |    | 11,570.00           | 8.46         | .017       | 18.34      | .15      |
| PHYSICAL THERAPIST             | 3     | 12               |    | 237.91              | 19.83        | .000       | 79.30      | .00      |
| PORTABLE X-RAY                 | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| PROSTHETIST/ORTHOTISTS         | 21    | 81               |    | 23,631.59           |              | .001       | 1125.31    | .30      |
| PROSTHETICS                    | 21    | 81               |    | 23,631.59           | 291.75       | .001       | 1125.31    | .30      |
| ORTHOTICS                      | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| PSYCHOLOGIST                   | 7     | 35               |    | 1,423.33            | 40.67        | .000       | 203.33     |          |
| SPEECH AND AUDIOLOGY           | 29    | 77               |    | 4,415.86            | 57.35        | .001       | 152.27     | .06      |
| HOSPICE SERVICES               | 1     | 1                |    | 136.14              | 136.14       | .000       | 136.14     | .00      |
| NONINST BIRTHING CENTERS       | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| LOCAL EDUCATION AGENCIES       | 586   | 16,092           |    | 75 <b>,</b> 859.70  | 4.71         | .205       | 129.45     | .96      |
| EPSDT SUPPLEMENTAL SERVICE     | 20    | 2 <b>,</b> 695   |    | 76,364.49           | 28.34        | .034       | 3818.22    | .97      |
| RESPIRATORY CARE PRACT.        | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                |    | .00                 | .00          | .000       | .00        | .00      |
| ALL OTHER PROVIDERS            | 147   | 79 <b>,</b> 531  |    | 34,817.33           | .44          | 1.012      | 236.85     | .44      |
| @CALIF. CHILDREN SERVICES*     | 1,019 | 34,086           | \$ | 2,279,264.78        | \$ 66.87     | .434       | \$ 2236.77 | \$ 28.99 |

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP\*\* 4 \$ 1,348.77 \$ 337.19 .000 \$ 337.19 \$ .02

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,745 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

|                                 |       |                  |                 |              | MONT          | HLY AVERA     | GE            |
|---------------------------------|-------|------------------|-----------------|--------------|---------------|---------------|---------------|
| 40 ELIGIBLES                    | USERS | UNITS OF SERVICE | EXPENDITURES    | AVERAGE COST | UNITS/DAYS    | COST PER      | COST PER      |
|                                 |       | OR DAYS OF CARE  |                 | PER UNIT/DAY | PER ELIG      | USER          | ELIGIBLE      |
| @TOTAL, ALL PROVIDERS           | 35    | 173 \$           | 7,421.37        | \$ 42.90     | 4.325 \$      | 212.04        | \$ 185.53     |
| @PHYSICIANS SERVICES            | 17    | 28 \$            | 794.98          | \$ 28.39     | .700 \$       | 46.76         | \$ 19.87      |
| OUTPATIENT VISITS               | 15    | 20               | 572.32          | 28.62        | .500          | 38.15         | 14.31         |
| OFFICE VISITS                   | 15    | 19               | 553.12          | 29.11        | .475          | 36.87         | 13.83         |
| HOME VISITS                     | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| EMERGENCY ROOM                  | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| PREVENTIVE CARE                 | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| OB VISITS/COMPRE PERI           | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| OTHER OUTPATIENT                | 1     | 1                | 19.20           | 19.20        | .025          | 19.20         | .48           |
| INPATIENT VISITS                | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| HOSPITAL VISITS                 | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| CRITICAL CARE                   | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| SNF/ICF/TRANS IP CARE           | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| OPHTHALMOLOGICAL SERVICES       | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| EXAMINATIONS                    | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| SERVICES AND MATERIALS          | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| INPATIENT HOSPITAL SURGERY      | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| PRINCIPAL SURGEON               | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| ASSISTANT SURGEON               | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| ANESTHESIOLOGIST                | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| OUTPATIENT SURGERY              | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| PRINCIPAL SURGEON               | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| ASSISTANT SURGEON               | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| ANESTHESIOLOGIST                | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| DIALYSIS                        | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| PATHOLOGY                       | 4     | 5                | 29.75           | 5.95         | .125          | 7.44          | .74           |
| RADIOLOGY                       | 2     | 2                | 135.15          | 67.58        | .050          | 67.58         | 3.38          |
| PSYCHIATRY                      | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| IMMUNIZATION AND INJECTION      | 1     | 1                | 57.76           | 57.76        | .025          | 57.76         | 1.44          |
| OTHER SERVICES/ALL X-OVERS      | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| @PHARMACY                       | 21    | 85 \$            | 5,292.80        | \$ 62.27     | 2.125 \$      |               | \$ 132.32     |
| PRESCRIPTION DRUGS              | 21    | 85<br>0          | 5,292.80        | 62.27        | 2.125         | 252.04        | 132.32        |
| SNF/ICF                         | 21    | 85               | .00             | .00<br>62.27 | .000<br>2.125 | .00<br>252.04 | .00<br>132.32 |
| OUTPATIENTS<br>MEDICAL SUPPLIES | 0     | 0                | 5,292.80<br>.00 | .00          | .000          | .00           | .00           |
| @DENTIST                        | 0     | 0 \$             | .00             | \$ .00       | .000 \$       | .00           | \$ .00        |
| VISITS - DIAGNOSTIC             | 0     | 0 9              | .00             | .00          | .000 \$       | .00           | .00           |
| ORAL SURGERY                    | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| DRUGS                           | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| ANESTHESIA                      | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| PERIODONTICS                    | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| ENDODONTICS                     | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| RESTORATIVE DENTISTRY           | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| PROSTHETICS                     | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| DENTURES, STAYPLATES            | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
| SPACE MAINTAINERS               | 0     | 0                | .00             | .00          | .000          | .00           | .00           |
|                                 | 9     | , v              |                 | • • •        |               | • • • •       | • • •         |

0 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 .00 0 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,746

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

| SACRAMENTO COUNTY            | SUMMARY OF SERV | TCES FOR MIA -   | NO SOC | AID PAID PEND | ING                                      | AID CODE     |              | ONTH. | III           | CE. |          |
|------------------------------|-----------------|------------------|--------|---------------|--|--------------|--------------|-------|---------------|-----|----------|
| 40 BLICIDIES                 | HOEDO           | IINITMO OF CEDIA | CE.    | EXPENDIBLE    | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 | DACE COCE    | M            |       |               | -   |          |
| 40 ELIGIBLES                 | USERS           | UNITS OF SERVI   |        | EXPENDITURES  |  |              | UNITS/DAY    |       | COST PER      |     | COST PER |
| A O DECAMEED TOE             | 1               | OR DAYS OF CA    |        | 27 50         |  |              | PER ELIG     |       | USER          |     | ELIGIBLE |
| @OPTOMETRIST                 | 1               | 1                | \$     | 37.50         | \$                                       | 37.50        | .025         | \$    | 37.50         | \$  | .94      |
| DIAGNOSTIC AND ANC. PROCED   | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| EYE APPLIANCES               | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| OTHER OPTOMETRIC SERVICES    | 1               | 1                | _      | 37.50         | _  | 37.50        | .025         | _     | 37.50         | _   | .94      |
| @CHIROPRACTOR                | 0               | 0                | \$     | .00           | \$                                       | .00          | .000         | Ş     | .00           | \$  | .00      |
| VISITS                       | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| OTHER SERVICES               | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| @PODIATRIST                  | 0               | 0                | \$     | .00           | \$                                       | .00          | .000         | \$    | .00           | \$  | .00      |
| MEDICINE/INJECTIONS          | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| SURGERY/ANES.                | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| RADIO./PATHOLOGY             | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| OTHER                        | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| @HOME HEALTH AGENCY          | 0               | 0                | \$     | .00           | \$                                       | .00          | .000         | \$    | .00           | \$  | .00      |
| NURSE ANESTHESIST            | 0               | 0                | \$     | .00           | \$                                       | .00          | .000         | \$    | .00           | \$  | .00      |
| NURSE MIDWIFE                | 0               | 0                | \$     | .00           | \$                                       | .00          | .000         | \$    | .00           | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0                | \$     | .00           | \$                                       | .00          | .000         | \$    | .00           | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 0               | 0                | \$     | .00           | \$                                       | .00          | .000         | \$    | .00           | \$  | .00      |
| @TOTAL HOSPITAL              | 2               | 22               | \$     | 417.52        | \$                                       | 18.98        | .550         | \$    | 208.76        | \$  | 10.44    |
| HOSP INPATIENT TOTAL         | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           | •   | .00      |
| HSC HOSPITALS                | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| NON-HSC HOSPITAL TOTAL       | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ACCOMMODATIONS               | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ADMINISTRATIVE DAYS          | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| TRANSITIONAL IP CARE         | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ALL OTHER ACCOM              | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ANCILLARIES                  | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| INPATIENT CROSSOVERS         | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ALL OTHER INPATIENT          | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| HOSP OUTPATIENT TOTAL        | 2               | 22               |        | 417.52        |  | 18.98        | .550         |       | 208.76        |     | 10.44    |
| MEDICAL                      | 2               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
|                              | 0               | 0                |        |               |  |              |              |       |               |     |          |
| SURGERY                      | 2               | 21               |        | .00<br>383.53 |  | .00<br>18.26 | .000<br>.525 |       | .00<br>191.77 |     | .00      |
| PATHOLOGY                    | 0               | 0                |        |               |  |              |              |       |               |     | 9.59     |
| RADIOLOGY                    | 0               |                  |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ROOM USE                     | 0               | 1                |        | 33.99         |  | 33.99        | .025         |       | 33.99         |     | .85      |
| CROSSOVERS/ALL OTH OUTPTNT   | U               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| @COUNTY HOSPITAL TOTAL       | 0               | 0                | \$     | .00           | \$                                       | .00          |              | \$    | .00           | \$  | .00      |
| CO HOSPITAL INPATIENT TOTAL  | Ü               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| HSC HOSPITALS                | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| NON-HSC HOSPITALS TOTAL      | O               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ACCOMMODATIONS               | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ADMINISTRATIVE DAYS          | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| TRANSITIONAL IP CARE         | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ALL OTHER ACCOM              | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ANCILLARIES                  | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| INPATIENT CROSSOVERS         | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |
| ALL OTHER INPATIENT          | 0               | 0                |        | .00           |  | .00          | .000         |       | .00           |     | .00      |

| CO HOSP OUTPATIENT TOTAL   | 0                     | 0                | .00                   | .00        | .000         | .00  | .00         |
|----------------------------|-----------------------|------------------|-----------------------|------------|--------------|------|-------------|
| MEDICAL                    | 0                     | 0                | .00                   | .00        | .000         | .00  | .00         |
| SURGERY                    | 0                     | 0                | .00                   | .00        | .000         | .00  | .00         |
| PATHOLOGY                  | 0                     | 0                | .00                   | .00        | .000         | .00  | .00         |
| RADIOLOGY                  | 0                     | 0                | .00                   | .00        | .000         | .00  | .00         |
| ROOM USE                   | 0                     | 0                | .00                   | .00        | .000         | .00  | .00         |
| CROSSOVERS/ALL OTH OUTPINT | 0                     | 0                | .00                   | .00        | .000         | .00  | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES MON | NTH-OF-PAYMENT REPORT | FOR JAN 20 | 004 THRU DEC | 2004 | PAGE 10,747 |
| MOP024                     | FEE-FOR-SERVICE/DENTA | L                |                       |            |              |      | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES F | OR MIA - NO SOC  | - AID PAID PENDING    | AID CODE 8 | 31           |      |             |

| SACRAMENTO COUNTY            | SUMMARI OF SERV | ICES FOR MI | A - IV | 0 500 | - AID PAID PEND. | ING     | AID CODE   | M(   | יחותר | מדע אזיביםא | CE  |          |
|------------------------------|-----------------|-------------|--------|-------|------------------|---------|------------|------|-------|-------------|-----|----------|
| 40 ELIGIBLES                 | USERS           | UNITS OF SE | DVICE  |       | EXPENDITURES     | 7\ 7.71 | ERAGE COST |      |       |             | .GĽ | COST PER |
| 40 ELIGIBLES                 | CALKS           | OR DAYS OF  |        |       | FVLFUDIIOVES     |         | R UNIT/DAY |      | >     | USER        |     | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL    | 2               |             | 22     | \$    | 417.52           | \$      | 18.98      | .550 | Ċ     | 208.76      | Ċ   | 10.44    |
| COMM HOSP INPATIENT TOTAL    | 0               | •           | 0      | ٧     | .00              | Ų       | .00        | .000 | ۲     | .00         | ۲   | .00      |
| HSC HOSPITALS                | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| NON-HSC HOSPITALS TOTAL      | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| ACCOMMODATIONS               | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| ADMINISTRATIVE DAYS          | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| TRANSITIONAL IP CARE         | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
|                              | 0               |             | 0      |       | .00              |         |            | .000 |       |             |     | .00      |
| ALL OTHER ACCOM              | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     |          |
| ANCILLARIES                  | 0               |             | 0      |       |                  |         | .00        |      |       | .00         |     | .00      |
| INPATIENT CROSSOVERS         | 0               |             | 0      |       | .00              |         |            | .000 |       | .00         |     | .00      |
| ALL OTHER INPATIENT          | 0               |             | •      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| COMM HOSP OUTPATIENT TOTAL   | 2               |             | 22     |       | 417.52           |         | 18.98      | .550 |       | 208.76      |     | 10.44    |
| MEDICAL                      | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| SURGERY                      |                 |             | -      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| PATHOLOGY                    | 2               | •           | 21     |       | 383.53           |         | 18.26      | .525 |       | 191.77      |     | 9.59     |
| RADIOLOGY                    | U               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| ROOM USE                     | 1               |             | 1      |       | 33.99            |         | 33.99      | .025 |       | 33.99       |     | .85      |
| CROSSOVERS/ALL OTH OUTPINT   | 0               |             | 0      | _     | .00              | _       | .00        | .000 | _     | .00         | _   | .00      |
| @STATE HOSPITAL              | 0               |             | 0      | \$    | .00              | \$      | .00        | .000 | Ş     | .00         | \$  | .00      |
| MENTALLY ILL                 | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| DEVELOP. DISABLED            | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| @NURSING FACILITY            | 0               |             | 0      | \$    | .00              | \$      | .00        | .000 | Ş     | .00         | \$  | .00      |
| LEV A-INTERMEDIATE           | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| LEV B-REHAB MD               | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| LEV B-SUBACUTE FREESTANDING  | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| LEV B-SUBACUTE HSPTL BASED   | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| LEV B-TRANSITIONAL IP CARE   | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| LEV B-REGULAR                | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| @INTERMEDIATE CARE FACILDD   | 0               |             | 0      | \$    | .00              | \$      | .00        | .000 | \$    | .00         | \$  | .00      |
| ICF DDH                      | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| ICF DD                       | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| ICF DDN/DDCN                 | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| @HEMODIALYSIS TOTAL          | 0               |             | 0      | \$    | .00              | \$      | .00        |      | \$    | .00         | \$  | .00      |
| HOSPITAL BASED               | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| HEMODIALYSIS CENTER          | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| @REHABILITATION FACILITY     | 0               |             | 0      | \$    | .00              | \$      | .00        | .000 | \$    | .00         | \$  | .00      |
| HOSPITAL BASED               | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| INDEPENDENT FACILITY         | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| @LABORATORY FACILITY         | 6               |             | 32     | \$    | 312.81           | \$      | 9.78       | .800 | \$    | 52.14       | \$  | 7.82     |
| PATHOLOGY                    | 6               | :           | 32     |       | 312.81           |         | 9.78       | .800 |       | 52.14       |     | 7.82     |
| XO AND OTHERS                | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 0               |             | 0      | \$    | .00              | \$      | .00        |      | \$    | .00         | \$  | .00      |
| CLINIC                       | 0               |             | 0      |       | .00              |         | .00        | .000 |       | .00         |     | .00      |

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 Ω .00 .00 .000 .00 .00 RURAL HEALTH CLINIC Ω Ω . 0 0 .00 . 000 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,748

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

|                                |       |                  |              |              | MONT       | HLY AVERAGE |          |
|--------------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 40 ELIGIBLES                   | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                                |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 2     | 5 \$             | 565.76       | \$ 113.15    | .125 \$    | 282.88 \$   | 14.14    |
| DURABLE MED. EQUIP.            | 1     | 3                | 549.12       | 183.04       | .075       | 549.12      | 13.73    |
| BLOOD BANK                     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| HEARING AID DISPENSERS         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| MEDICAL TRANSPORTATION         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| AMBULANCES/AIR TRANS           | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OTHER TRANS                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OTHER SERVICES                 | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ACUPUNCTURE                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| GENETIC DISEASE TESTING        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OCCUPATIONAL THERAPIST         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| OPTICIAN                       | 1     | 2                | 16.64        | 8.32         | .050       | 16.64       | .42      |
| PHYSICAL THERAPIST             | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PORTABLE X-RAY                 | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PROSTHETICS                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ORTHOTICS                      | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PSYCHOLOGIST                   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| SPEECH AND AUDIOLOGY           | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| HOSPICE SERVICES               | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| NONINST BIRTHING CENTERS       | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LOCAL EDUCATION AGENCIES       | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| RESPIRATORY CARE PRACT.        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER PROVIDERS            | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| @CALIF. CHILDREN SERVICES*     | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$      | .00      |
| @XOVER EXCLUDING STATE HOSP**  | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$      | .00      |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,749
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

----- MONTHLY AVERAGE -----3,227 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,225 20,145 \$ 1,872,568.00 \$ 92.95 6.243 \$ 580.64 \$ 580.28 @TOTAL, ALL PROVIDERS 6,209 1.924 \$ 260.01 \$ 137.78 @PHYSICIANS SERVICES 1,710 444,609.25 \$ 71.61 45.93 .696 44.56 .128 2,247 103,194.22 18,404.41 101.47 31.98 OUTPATIENT VISITS 1,017 337 413 54.61 5.70 OFFICE VISITS .00 .000 .00 58.63 .058 66.85 34.69 .000 34.69 45.44 .496 125.65 0 0 .00 .00 HOME VISITS 10,963.58 34.69 72,752.21 187 EMERGENCY ROOM 164 3.40 1 PREVENTIVE CARE 1 .01 OB VISITS/COMPRE PERI 579 1,601 22.54

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OTHER OUTPATIENT           | 36  | 45    | 1,039.33          |    | 23.10 | .014 | 28.87        | .32         |
|----------------------------|-----|-------|-------------------|----|-------|------|--------------|-------------|
| INPATIENT VISITS           | 219 | 749   | 67,458.83         |    | 90.07 | .232 | 308.03       | 20.90       |
| HOSPITAL VISITS            | 195 | 409   | 17,246.96         |    | 42.17 | .127 | 88.45        | 5.34        |
| CRITICAL CARE              | 28  | 340   | 50,211.87         | 1  | 47.68 | .105 | 1793.28      | 15.56       |
| SNF/ICF/TRANS IP CARE      | 0   | 0     | .00               |    | .00   | .000 | .00          | .00         |
| OPHTHALMOLOGICAL SERVICES  | 7   | 9     | 269.59            |    | 29.95 | .003 | 38.51        | .08         |
| EXAMINATIONS               | 5   | 7     | 229.59            |    | 32.80 | .002 | 45.92        | .07         |
| SERVICES AND MATERIALS     | 2   | 2     | 40.00             |    | 20.00 | .001 | 20.00        | .01         |
| INPATIENT HOSPITAL SURGERY | 292 | 1,291 | 183,515.86        | 1  | 42.15 | .400 | 628.48       | 56.87       |
| PRINCIPAL SURGEON          | 192 | 218   | 150,089.85        | 6  | 88.49 | .068 | 781.72       | 46.51       |
| ASSISTANT SURGEON          | 38  | 38    | 6 <b>,</b> 752.70 | 1  | 77.70 | .012 | 177.70       | 2.09        |
| ANESTHESIOLOGIST           | 130 | 1,035 | 26,673.31         |    | 25.77 | .321 | 205.18       | 8.27        |
| OUTPATIENT SURGERY         | 146 | 286   | 20,447.35         |    | 71.49 | .089 | 140.05       | 6.34        |
| PRINCIPAL SURGEON          | 125 | 178   | 16,585.00         |    | 93.17 | .055 | 132.68       | 5.14        |
| ASSISTANT SURGEON          | 0   | 0     | .00               |    | .00   | .000 | .00          | .00         |
| ANESTHESIOLOGIST           | 49  | 108   | 3,862.35          |    | 35.76 | .033 | 78.82        | 1.20        |
| DIALYSIS                   | 0   | 0     | .00               |    | .00   | .000 | .00          | .00         |
| PATHOLOGY                  | 210 | 309   | 5 <b>,</b> 459.56 |    | 17.67 | .096 | 26.00        | 1.69        |
| RADIOLOGY                  | 559 | 851   | 51,107.45         |    | 60.06 | .264 | 91.43        | 15.84       |
| PSYCHIATRY                 | 0   | 0     | .00               |    | .00   | .000 | .00          | .00         |
| IMMUNIZATION AND INJECTION | 80  | 194   | 3,053.89          |    | 15.74 | .060 | 38.17        | .95         |
| OTHER SERVICES/ALL X-OVERS | 128 | 273   | 10,102.50         |    | 37.01 | .085 | 78.93        | 3.13        |
| @PHARMACY                  | 909 | 2,432 | \$<br>52,866.02   |    | 21.74 | .754 | \$<br>58.16  | \$<br>16.38 |
| PRESCRIPTION DRUGS         | 888 | 1,948 | 45,066.01         |    | 23.13 | .604 | 50.75        | 13.97       |
| SNF/ICF                    | 0   | 0     | .00               |    | .00   | .000 | .00          | .00         |
| OUTPATIENTS                | 888 | 1,948 | 45,066.01         |    | 23.13 | .604 | 50.75        | 13.97       |
| MEDICAL SUPPLIES           | 60  | 484   | 7,800.01          |    | 16.12 | .150 | 130.00       | 2.42        |
| @DENTIST                   | 161 | 720   | \$<br>22,449.75   | \$ | 31.18 | .223 | \$<br>139.44 | \$<br>6.96  |
| VISITS - DIAGNOSTIC        | 127 | 483   | 7 <b>,</b> 584.50 |    | 15.70 | .150 | 59.72        | 2.35        |
| ORAL SURGERY               | 41  | 63    | 3,484.00          |    | 55.30 | .020 | 84.98        | 1.08        |
| DRUGS                      | 0   | 0     | .00               |    | .00   | .000 | .00          | .00         |
| ANESTHESIA                 | 0   | 0     | .00               |    | .00   | .000 | .00          | .00         |
|                            |     |       |                   |    |       |      |              |             |

| PERIODONTICS                 | 5               | 6                      | 379.00           | 63.17           | .002          | 75.80    | .12         |  |
|------------------------------|-----------------|------------------------|------------------|-----------------|---------------|----------|-------------|--|
| ENDODONTICS                  | 9               | 13                     | 3,622.00         | 278.62          | .004          | 402.44   | 1.12        |  |
| RESTORATIVE DENTISTRY        | 40              | 138                    | 6,818.25         | 49.41           | .043          | 170.46   | 2.11        |  |
| PROSTHETICS                  | 1               | 1                      | 30.00            | 30.00           | .000          | 30.00    | .01         |  |
| DENTURES, STAYPLATES         | 3               | 12                     | 532.00           | 44.33           | .004          | 177.33   | .16         |  |
| SPACE MAINTAINERS            | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| MAXILLOFACIAL SERVICES       | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| FRACTURES, DISLOCATIONS      | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| ORTHODONTIC SERVICES         | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| ALL OTHER SERVICES           | 5               | 4                      | .00              | .00             | .001          | .00      | .00         |  |
| #CALIF DEPT OF HEALTH SERV   |                 | ES AND EXPENDITURES MC |                  |                 |               |          |             |  |
|                              |                 |                        | NIH-OF-PAIMENI R | EPORT FOR JAN 2 | ום טאחו 1004. | SC 2004  | PAGE 10,750 |  |
| MOP024                       | FEE-FOR-SERVICE | •                      | DDDCNANE         | 3.TD CODE       | 0.6           |          | 03/14/05    |  |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR MIA - NO SOC  | - PREGNANT       | AID CODE        |               |          | C.T.        |  |
| 2 007 51 10151 50            |                 |                        |                  |                 |               |          | GE          |  |
| 3,227 ELIGIBLES              | USERS           | UNITS OF SERVICE       | EXPENDITURES     | AVERAGE COST    |               | COST PER | COST PER    |  |
|                              |                 | OR DAYS OF CARE        |                  | PER UNIT/DAY    |               | USER     | ELIGIBLE    |  |
| @OPTOMETRIST                 | 32              | 104 \$                 | 2,317.36         | \$ 22.28        | .032          |          |             |  |
| DIAGNOSTIC AND ANC. PROCED   | 28              | 29                     | 1,256.82         | 43.34           | .009          | 44.89    | .39         |  |
| EYE APPLIANCES               | 26              | 75                     | 1,060.54         | 14.14           | .023          | 40.79    | .33         |  |
| OTHER OPTOMETRIC SERVICES    | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| @CHIROPRACTOR                | 0               | 0 \$                   | .00              | \$ .00          | .000          |          |             |  |
| VISITS                       | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| OTHER SERVICES               | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| @PODIATRIST                  | 1               | 1 \$                   | 24.00            | \$ 24.00        | .000          |          | •           |  |
| MEDICINE/INJECTIONS          | 1               | 1                      | 24.00            | 24.00           | .000          | 24.00    | .01         |  |
| SURGERY/ANES.                | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| RADIO./PATHOLOGY             | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| OTHER                        | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| @HOME HEALTH AGENCY          | 3               | 4 \$                   | 176.21           | \$ 44.05        | .001          | \$ 58.74 | \$ .05      |  |
| NURSE ANESTHESIST            | 16              | 136 \$                 | 2,437.80         | \$ 17.93        | .042          | 152.36   | \$ .76      |  |
| NURSE MIDWIFE                | 4               | 12 \$                  | 371.84           | \$ 30.99        | .004          | 92.96    | \$ .12      |  |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0 \$                   | .00              | \$ .00          | .000          | .00      | \$ .00      |  |
| FAMILY NURSE PRACTITIONER    | 1               | 2 \$                   | 81.20            | \$ 40.60        | .001          | 81.20    | \$ .03      |  |
| @TOTAL HOSPITAL              | 974             | 5,731 \$               | 1,228,283.78     | \$ 214.32       | 1.776         | 1261.07  | \$ 380.63   |  |
| HOSP INPATIENT TOTAL         | 218             | 835                    | 1,137,302.66     | 1362.04         | .259          | 5216.98  | 352.43      |  |
| HSC HOSPITALS                | 213             | 814                    | 1,116,357.10     | 1371.45         | .252          | 5241.11  | 345.94      |  |
| NON-HSC HOSPITAL TOTAL       | 5               | 21                     | 20,945.56        | 997.41          | .007          | 4189.11  | 6.49        |  |
| ACCOMMODATIONS               | 5               | 21                     | 9,558.41         | 455.16          | .007          | 1911.68  | 2.96        |  |
| ADMINISTRATIVE DAYS          | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| TRANSITIONAL IP CARE         | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| ALL OTHER ACCOM              | 5               | 21                     | 9,558.41         | 455.16          | .007          | 1911.68  | 2.96        |  |
| ANCILLARIES                  | 5               | 0                      | 11,387.15        | .00             | .000          | 2277.43  | 3.53        |  |
| INPATIENT CROSSOVERS         | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| ALL OTHER INPATIENT          | 0               | 0                      | .00              | .00             | .000          | .00      | .00         |  |
| HOSP OUTPATIENT TOTAL        | 883             | 4,896                  | 90,981.12        | 18.58           | 1.517         | 103.04   | 28.19       |  |
| MEDICAL                      | 56              | 70                     | 2,717.96         | 38.83           | .022          | 48.54    | .84         |  |
| SURGERY                      | 85              | 138                    | 3,703.02         | 26.83           | .043          | 43.56    | 1.15        |  |
| PATHOLOGY                    | 406             | 1,766                  | 21,123.42        | 11.96           | .547          | 52.03    | 6.55        |  |
| RADIOLOGY<br>RADIOLOGY       | 400             | 1,/00                  | ZI,1Z3.4Z        | 11.90           | . 34 /        | J∠.U3    | 0.33        |  |
|                              | 169             | 193                    | 13,430.66        | 69.59           | .060          | 79.47    | 4.16        |  |

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@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ROOM USE

466

487

20

4

4

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2,077

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34

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| ANNOTHER ROOM  ALL OTHER ROOM  ALL OTHER LOOS OWERS  O O O 0.00 .00 .00 .00 .00 .00 .00 .00 .   |   |                 | 2                        | 0.0                 | 0.0          | 0.00         | 0.0        | 0.0         |
|---|---|-----------------|--------------------------|---------------------|--------------|--------------|------------|-------------|
| SUNCERN   6   | ADMINISTRATIVE DAYS                     | 0               | 0                        | .00                 | .00          | .000         | .00        | .00         |
| SURCIENT   6  | TRANSITIONAL IP CARE                    | 0               |                          |                     |              |              |            |             |
| SURCIENT   6  | ALL OTHER ACCOM                         | 0               | 0                        |                     |              |              |            |             |
| SURCIENT   6  | ANCILLARIES                             | 0               | 0                        |                     |              |              |            |             |
| SURCIENT   6  | INPATIENT CROSSOVERS                    | 0               | 0                        |                     |              |              |            |             |
| SURCIENT   6  | ALL OTHER INPATIENT                     | 0               | 0                        |                     |              |              |            | .00         |
| SURCIENT   6  | CO HOSP OUTPATIENT TOTAL                | 19              | 137                      | 3,739.29            |              |              |            |             |
| COMMONITY HOSPITAL TOTAL  209   700   |   | 1               | 2                        |                     |              | .001         |            |             |
| COMMONITY HOSPITAL TOTAL  209   700   | SURGERY                                 | 6               | 10                       |                     | 30.20        | .003         | 50.34      | .09         |
| COMMONITY HOSPITAL TOTAL  209   700   | PATHOLOGY                               | 10              | 64                       | 1,023.48            | 15.99        | .020         | 102.35     | .32         |
| COMMONITY HOSPITAL TOTAL  209   700   | RADIOLOGY                               | 1               | 1                        | 283.82              | 283.82       | .000         | 283.82     | .09         |
| COMMINITY HOSPITAL   1  |   | 10              | 27                       | 1,562.12            |              | .008         | 156.21     | .48         |
| ACALIF DEPT OF HEALTH SERV   SPECH-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004   PAGE 10,751   SACRAMENTO COUNTY   SUMMARY OF SERVICES FOR INTA - NO SOC - FRESHANT   A DIOCAS   SUMMARY OF SERVICES FOR INTA - NO SOC - FRESHANT   A DIOCAS   SUMMARY OF SERVICES   SUMMARY OF SERVICE   GR DAYS OF CARE   SEMBLITURES   AVERAGE COST UNITS/DAYS   COST PER ELIGIBLES   COMMAND SERVICES   COMMAND SERVICES   SUMMARY OF SERVICE   SEMBLITURES   SUMMARY OF SERVICE   COMMAND SERVICES   SUMMARY OF SERVICE   SEMBLITURES   SUMMARY OF SERVICE   COMMAND SERVICES   SUMMARY OF SERVICE   SEMBLITURES   SUMMARY OF SERVICE   SUMMARY  | CROSSOVERS/ALL OTH OUTPINT              | 14              | 33                       |                     |              | .010         | 28.78      | .12         |
| MOPD24   FEEF-FORT-SERVICES FOR MIA - NO SOC - PREGNANT   AID CODE 86   SACRAMENTO COUNTY   SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - PREGNANT   AID CODE 86   SUMMARY OF SERVICE FOR MIA - NO SOC - P  | #CALIF DEPT OF HEALTH SERV              | MEDI-CAL SERVIC | ES AND EXPENDITURES MONT | H-OF-PAYMENT R      |              | 2004 THRU DE | C 2004     | PAGE 10,751 |
| SACRAMENTO COUNTY   SUMMARY OF SERVICES FOR MIA = NO SOC = PERCONNT   | MOP024                                  |                 |                          |                     |              |              |            |             |
| Note  |   | SUMMARY OF SERV | ICES FOR MIA - NO SOC -  | PREGNANT            | AID CODE     | 86           |            | ,           |
| S.27 ELIGIBLES  | *************************************** |                 |                          |                     |              |              | THLY AVERA | GE          |
| COMMUNITY HOSPITAL TOTAL  | 3.227 ELIGIBLES                         | USERS           | UNITS OF SERVICE         | EXPENDITURES        | AVERAGE COST |              |            |             |
| COMM HOSP INFATIENT TOTAL   |   |                 |                          | 2111 2113 1 1 01120 |              |              |            |             |
| COMM HOSP INFATIENT TOTAL   | ACOMMINITY HOSPITAL TOTAL               | 954             |                          | 1 187 144 49        |              |              |            |             |
| HSC HOSPITALS   |   |                 | •                        |                     |              |              |            |             |
| NON-HISC HOSPITALS TOTAL   5  |   |                 | 222                      |                     |              |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |   |                 | 700                      |                     | 1303.20      |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | NON-HSC HOSPITALS TOTAL                 | 5               | 21                       | 20,943.30           |              |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | ACCOMMODATIONS                          | 5               | 21                       |                     |              |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | ADMINISTRATIVE DAYS                     | U               | 0                        |                     |              |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | TRANSITIONAL IP CARE                    | Ü               | 0                        |                     |              |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | ALL OTHER ACCOM                         | 5               | 21                       | 9,558.41            | 455.16       |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | ANCILLARIES                             | 5               | 0                        |                     |              |              |            |             |
| MEDICAL 55 68 2,553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | INPATIENT CROSSOVERS                    | 0               | 0                        |                     |              |              |            |             |
| MEDICAL 55 68 2,2553.09 37.55 .021 46.42 .79 SURCERY 79 128 3,400.98 26.57 .040 43.05 1.05 PATHOLOGY 396 1,702 20,099.94 11.81 5.27 50.76 6.23 RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTFINT 473 2,044 24,764.17 12.12 .633 52.36 7.67 GSTATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 MENTALLY ILL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | ALL OTHER INPATIENT                     | 0               | 0                        |                     |              |              |            |             |
| PATHOLOGY   |   | 864             | 4,/59                    |                     |              |              |            |             |
| PATHOLOGY   |   | 55              |                          |                     |              |              |            |             |
| RADIOLOGY 168 192 13,146.84 68.47 .059 78.26 4.07 ROOM USE 456 625 23,276.81 37.24 .194 51.05 7.21 CROSSOVERS/ALL OTH OUTPTNT 473 2,044 24,764.17 12.12 6.33 52.36 7.67 68TATE HOSPITAL 0 0 0 \$ .00 \$ .00 .00 \$ .0 | SURGERY                                 |                 |                          |                     |              |              |            |             |
| ROOM USE  | PATHOLOGY                               | 396             | 1,702                    | 20,099.94           | 11.81        | .527         | 50.76      | 6.23        |
| ROOM USE  | RADIOLOGY                               | 168             | 192                      | 13,146.84           | 68.47        | .059         | 78.26      | 4.07        |
| QSTATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00 </td <td>ROOM USE</td> <td>456</td> <td>625</td> <td>23,276.81</td> <td>37.24</td> <td>.194</td> <td>51.05</td> <td>7.21</td>  | ROOM USE                                | 456             | 625                      | 23,276.81           | 37.24        | .194         | 51.05      | 7.21        |
| LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  LEV B-REAGULAR  LEV B-TRANSITIONAL IP CARE  LEV B-SUBACUTE HSPTL BASED  L  | CROSSOVERS/ALL OTH OUTPINT              | 473             | 2,044                    | 24,764.17           | 12.12        | .633         | 52.36      | 7.67        |
| LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  LEV B-REAGULAR  LEV B-TRANSITIONAL IP CARE  LEV B-SUBACUTE HSPTL BASED  L  | @STATE HOSPITAL                         | 0               | 0 \$                     | .00                 | \$ .00       | .000 \$      | .00        | \$ .00      |
| LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  LEV B-REAGULAR  LEV B-TRANSITIONAL IP CARE  LEV B-SUBACUTE HSPTL BASED  L  | MENTALLY ILL                            | 0               | 0                        | .00                 | .00          | .000         | .00        | .00         |
| LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  LEV B-REAGULAR  LEV B-TRANSITIONAL IP CARE  LEV B-SUBACUTE HSPTL BASED  L  | DEVELOP. DISABLED                       | 0               | 0                        | .00                 | .00          | .000         | .00        | .00         |
| LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  LEV B-REAGULAR  LEV B-TRANSITIONAL IP CARE  LEV B-SUBACUTE HSPTL BASED  L  | @NURSING FACILITY                       | 1               | 0 \$                     | .00                 | \$ .00       | .000 \$      | .00        | \$ .00      |
| LEV B-REHAB MD       0       0       .00  | LEV A-INTERMEDIATE                      | 0               | 0                        | .00                 | .00          | .000         | .00        | .00         |
| LEV B-SUBACUTE FREESTANDING       0       0       .00   |   | 0               | 0                        |                     |              |              |            |             |
| LEV B-SUBACUTE HSPTL BASED       0       0       .00       .  |   | 0               | 0                        |                     |              |              |            |             |
| LEV B-TRANSITIONAL IP CARE       0       0       .00       .  |   | 0               | 0                        |                     |              |              |            |             |
| LEV B-REGULAR       1       0       .00       .00       .00       .00       .00         @INTERMEDIATE CARE FACILDD       0       0       \$       .00       \$       .00       .00       \$       .00         ICF DDH       0       0       .00       .00       .00       .00       .00       .00       .00         ICF DDN/DDCN       0       0       .00       .00       .00       .00       .00       .00       .00       .00         @HEMODIALYSIS TOTAL       0       0       \$       .00       \$       .00       .00       \$       .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>   |   | 0               | 0                        |                     |              |              |            |             |
| @INTERMEDIATE CARE FACILDD       0       0       \$       .00       \$       .00       .00       \$       .00       \$       .00       \$       .00   |   | 1               |                          |                     |              |              |            |             |
| ICF DDH       0       0       .00       .   |   | <u> </u>        |                          |                     |              |              |            |             |
| ICF DD       0       0       .0   | =                                       | 0               |                          |                     | •            |              |            |             |
| ICF DDN/DDCN       0       0       .00        .00   |   | 0               |                          |                     |              |              |            |             |
| @HEMODIALYSIS TOTAL       0       0       \$       .00       \$       .00       .00       \$       .00       \$       .00       <   |   | 0               |                          |                     |              |              |            |             |
| HOSPITAL BASED       0       0       .00  |   | 0               |                          |                     |              |              |            |             |
| HEMODIALYSIS CENTER       0       0       .00       .00       .00       .00       .00       .00         @REHABILITATION FACILITY       1       15       \$       301.92       \$       20.13       .005       \$       301.92       \$       .09  | _                                       | 0               |                          |                     |              |              |            |             |
| @REHABILITATION FACILITY 1 15 \$ 301.92 \$ 20.13 .005 \$ 301.92 \$ .09  |   | 0               |                          |                     |              |              |            |             |
|   |   | U               |                          |                     |              |              |            |             |
| HUSPITAL BASED 1 15 301.92 20.13 .005 301.92 .09  |   | 1               |                          |                     |              |              |            |             |
|   | HUSPITAL BASED                          | 1               | 15                       | 301.92              | 20.13        | .005         | 301.92     | .09         |

| INDEPENDENT FACILITY                    | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
|---|------------------|-------------------|----------|-------------------|-----------------|---------------|------------|----------------|
| @LABORATORY FACILITY                    | 822              | 2 <b>,</b> 366    | \$       | 32,605.48         | \$ 13.78        | .733 \$       | 39.67      | \$ 10.10       |
| PATHOLOGY                               | 821              | 2,365             |          | 32,595.98         | 13.78           | .733          | 39.70      | 10.10          |
| XO AND OTHERS                           | 1                | 1                 |          | 9.50              | 9.50            | .000          | 9.50       | .00            |
| @ORGANIZED OUTPATIENT CLINIC            | 427              | 1,985             | \$       | 66,170.25         | \$ 33.34        | .615 \$       | 154.97     | \$ 20.51       |
| CLINIC                                  | 406              | 1,923             |          | 61,828.92         | 32.15           | .596          | 152.29     | 19.16          |
| SURGICENTER                             | 9                | 42                |          | 1,218.71          | 29.02           | .013          | 135.41     | .38            |
| HEROIN DETOX CLINIC                     | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| RURAL HEALTH CLINIC                     | 12               | 20                |          | 3,122.62          | 156.13          | .006          | 260.22     | .97            |
| #CALIF DEPT OF HEALTH SERV              |                  |                   | IRES MO  | NTH-OF-PAYMENT R  |                 |               |            | PAGE 10,752    |
| MOP024                                  | FEE-FOR-SERVICE  |                   | TABO PIC | MIII OF TATMENT K | EIONI FON OAN 2 | .004 IIIIC DE | C 2004     | 03/14/05       |
| SACRAMENTO COUNTY                       |                  | ICES FOR MIA -    | NO COC   | C - DDECNAME      | AID CODE        | 0.6           |            | 03/14/03       |
| SACRAPENTO COUNTT                       | SOMMAN OF SERV   | TOES FOR MIA      | NO SOC   | FILEGIANI         | AID CODE        | MON           | THIY AVERA | GE             |
| 3,227 ELIGIBLES                         | USERS            | UNITS OF SERVIC   | · C      | EXPENDITURES      | AVERAGE COST    |               | COST PER   | COST PER       |
| 5,227 EDIGIBLES                         | OBERS            | OR DAYS OF CAR    |          | EXFENDITORES      | PER UNIT/DAY    |               | USER       | ELIGIBLE       |
| @ALL OTHER PROVIDERS                    | 214              | 428               | \$       | 19,873.14         |                 | .133 \$       |            |                |
| -                                       |                  |                   | ې        |                   |                 |               |            | •              |
| DURABLE MED. EQUIP.                     | 2                | 4                 |          | 128.70            | 32.18           | .001          | 64.35      | .04            |
| BLOOD BANK                              | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| HEARING AID DISPENSERS                  | 1                | 1                 |          | 25.00             | 25.00           | .000          | 25.00      | .01            |
| MEDICAL TRANSPORTATION                  | 38               | 201               |          | 4,197.33          | 20.88           | .062          | 110.46     | 1.30           |
| AMBULANCES/AIR TRANS                    | 38               | 200               |          | 4,187.45          | 20.94           | .062          | 110.20     | 1.30           |
| OTHER TRANS                             | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| OTHER SERVICES                          | 1                | 1                 |          | 9.88              | 9.88            | .000          | 9.88       | .00            |
| ACUPUNCTURE                             | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| ADULT DAY HEALTH CARE CTR               | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| GENETIC DISEASE TESTING                 | 139              | 140               |          | 14,700.00         | 105.00          | .043          | 105.76     | 4.56           |
| IHMC, MODEL-NF, NF, AIDS, MSSP          | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| OCCUPATIONAL THERAPIST                  | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| OPTICIAN                                | 35               | 79                |          | 659.22            | 8.34            | .024          | 18.83      | .20            |
| PHYSICAL THERAPIST                      | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| PORTABLE X-RAY                          | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| PROSTHETIST/ORTHOTISTS                  | 1                | 1                 |          | 144.48            | 144.48          | .000          | 144.48     | .04            |
| PROSTHETICS                             | 1                | 1                 |          | 144.48            | 144.48          | .000          | 144.48     | .04            |
|   | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| ORTHOTICS                               | 0                | 0                 |          |                   |                 |               |            |                |
| PSYCHOLOGIST                            | U                | U                 |          | .00               | .00             | .000          | .00        | .00            |
| SPEECH AND AUDIOLOGY                    | U                | U                 |          | .00               | .00             | .000          | .00        | .00            |
| HOSPICE SERVICES                        | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| NONINST BIRTHING CENTERS                | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| LOCAL EDUCATION AGENCIES                | 1                | 1                 |          | 10.40             | 10.40           | .000          | 10.40      | .00            |
| EPSDT SUPPLEMENTAL SERVICE              | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| RESPIRATORY CARE PRACT.                 | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| PED SUBACUTE REHAB/WEANING              | 0                | 0                 |          | .00               | .00             | .000          | .00        | .00            |
| ALL OTHER PROVIDERS                     | 1                | 1                 |          | 8.01              | 8.01            | .000          | 8.01       | .00            |
| @CALIF. CHILDREN SERVICES*              | 30               | 1,216             | \$       | 378,158.59        | \$ 310.99       | .377 \$       | 12605.29   | \$ 117.19      |
| @XOVER EXCLUDING STATE HOSP**           | 0                | 0                 | \$       | .00               | \$ .00          | .000 \$       | .00        | \$ .00         |
| <pre>@* TOTALS IN THESE LINES ARE</pre> | GIVEN AS A SEPAR | RATE INFORMATION  | ITEM C   | ONLY;             |                 |               |            |                |
| THE AMOUNTS ARE ALREADY IN              | ICLUDED IN THE A | PPROPRIATE DETAIL | LINES    | S ABOVE.          |                 |               |            |                |
| ** THESE DATA ARE INCLUDED I            | N THE APPROPRIAT | TE DETAIL LINES A | ABOVE.   |                   |                 |               |            |                |
| #CALIF DEPT OF HEALTH SERV              |                  |                   | JRES MC  | NTH-OF-PAYMENT R  | EPORT FOR JAN 2 | 004 THRU DE   | C 2004     | PAGE 10,753    |
| MOP024                                  | FEE-FOR-SERVICE  |                   |          |                   |                 |               |            | 03/14/05       |
| SACRAMENTO COUNTY                       | SUMMARY OF SERV  | /ICES FOR MIA -   | NO SOC   | C - TOTAL         |                 | ,             |            | ~ <del>~</del> |
| 2 267 81 1018182                        | HODDS            | INITES OF SERVICE |          |                   |                 | MON           |            |                |
| 3,267 ELIGIBLES                         | USERS            | UNITS OF SERVIC   |          | EXPENDITURES      | AVERAGE COST    |               |            | COST PER       |
| 0.000.00                                | 0.000            | OR DAYS OF CAR    |          | 1 070 000 07      | PER UNIT/DAY    |               | USER       | ELIGIBLE       |
| @TOTAL, ALL PROVIDERS                   | 3,260            | 20,318            | \$       | 1,879,989.37      |                 | 6.219 \$      |            |                |
| @PHYSICIANS SERVICES                    | 1,727            | 6,237             | \$       | 445,404.23        | \$ 71.41        | 1.909 \$      | 257.91     | \$ 136.33      |
|   |                  |                   |          |                   |                 |               |            |                |

| OUTPATIENT VISITS          | 1,032           | 2,267             |        | 103,766.54            | 45.77         | .694          | 100.55         |          | 31.76      |
|----------------------------|-----------------|-------------------|--------|-----------------------|---------------|---------------|----------------|----------|------------|
| OFFICE VISITS              | 352             | 432               |        | 18,957.53             | 43.88         | .132          | 53.86          |          | 5.80       |
| HOME VISITS                | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| EMERGENCY ROOM             | 164             | 187               |        | 10,963.58             | 58.63         | .057          | 66.85          |          | 3.36       |
| PREVENTIVE CARE            | 1               | 1                 |        | 34.69                 | 34.69         | .000          | 34.69          |          | .01        |
| OB VISITS/COMPRE PERI      | 579             | 1,601             |        | 72,752.21             | 45.44         | .490          | 125.65         |          | 22.27      |
|                            |                 | •                 |        |                       |               |               |                |          |            |
| OTHER OUTPATIENT           | 37              | 46                |        | 1,058.53              | 23.01         | .014          | 28.61          |          | .32        |
| INPATIENT VISITS           | 219             | 749               |        | 67 <b>,</b> 458.83    | 90.07         | .229          | 308.03         |          | 20.65      |
| HOSPITAL VISITS            | 195             | 409               |        | 17 <b>,</b> 246.96    | 42.17         | .125          | 88.45          |          | 5.28       |
| CRITICAL CARE              | 28              | 340               |        | 50 <b>,</b> 211.87    | 147.68        | .104          | 1793.28        |          | 15.37      |
| SNF/ICF/TRANS IP CARE      | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| OPHTHALMOLOGICAL SERVICES  | 7               | 9                 |        | 269.59                | 29.95         | .003          | 38.51          |          | .08        |
| EXAMINATIONS               | 5               | 7                 |        | 229.59                | 32.80         | .002          | 45.92          |          | .07        |
| SERVICES AND MATERIALS     | 2               | 2                 |        | 40.00                 | 20.00         | .001          | 20.00          |          | .01        |
| INPATIENT HOSPITAL SURGERY | 292             | 1,291             |        | 183,515.86            | 142.15        | .395          | 628.48         |          | 56.17      |
| PRINCIPAL SURGEON          | 192             | 218               |        | 150,089.85            | 688.49        | .067          | 781.72         |          | 45.94      |
|                            | 38              | 38                |        |                       |               | .012          |                |          | 2.07       |
| ASSISTANT SURGEON          |                 |                   |        | 6,752.70              | 177.70        |               | 177.70         |          |            |
| ANESTHESIOLOGIST           | 130             | 1,035             |        | 26,673.31             | 25.77         | .317          | 205.18         |          | 8.16       |
| OUTPATIENT SURGERY         | 146             | 286               |        | 20,447.35             | 71.49         | .088          | 140.05         |          | 6.26       |
| PRINCIPAL SURGEON          | 125             | 178               |        | 16,585.00             | 93.17         | .054          | 132.68         |          | 5.08       |
| ASSISTANT SURGEON          | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| ANESTHESIOLOGIST           | 49              | 108               |        | 3,862.35              | 35.76         | .033          | 78.82          |          | 1.18       |
| DIALYSIS                   | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| PATHOLOGY                  | 214             | 314               |        | 5,489.31              | 17.48         | .096          | 25.65          |          | 1.68       |
| RADIOLOGY                  | 561             | 853               |        | 51,242.60             | 60.07         | .261          | 91.34          |          | 15.68      |
| PSYCHIATRY                 | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| IMMUNIZATION AND INJECTION | 81              | 195               |        | 3 <b>,</b> 111.65     | 15.96         | .060          | 38.42          |          | .95        |
| OTHER SERVICES/ALL X-OVERS | 128             | 273               |        |                       |               | .084          |                |          | 3.09       |
|                            |                 |                   | ć      | 10,102.50             | 37.01         |               | 78.93          | <u>_</u> |            |
| @PHARMACY                  | 930             | 2,517             | \$     | 58,158.82             | \$ 23.11      | .770          |                | Ş        | 17.80      |
| PRESCRIPTION DRUGS         | 909             | 2,033             |        | 50,358.81             | 24.77         | .622          | 55.40          |          | 15.41      |
| SNF/ICF                    | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| OUTPATIENTS                | 909             | 2,033             |        | 50 <b>,</b> 358.81    | 24.77         | .622          | 55.40          |          | 15.41      |
| MEDICAL SUPPLIES           | 60              | 484               |        | 7,800.01              | 16.12         | .148          | 130.00         |          | 2.39       |
| @DENTIST                   | 161             | 720               | \$     | 22,449.75             | \$ 31.18      | .220          | \$ 139.44      | \$       | 6.87       |
| VISITS - DIAGNOSTIC        | 127             | 483               |        | 7,584.50              | 15.70         | .148          | 59.72          |          | 2.32       |
| ORAL SURGERY               | 41              | 63                |        | 3,484.00              | 55.30         | .019          | 84.98          |          | 1.07       |
| DRUGS                      | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| ANESTHESIA                 | Ő               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
|                            | 0               | 6                 |        | 379.00                | 63.17         | .002          | 75.80          |          | .12        |
| PERIODONTICS               | 9               | 13                |        |                       |               |               | 402.44         |          |            |
| ENDODONTICS                |                 |                   |        | 3,622.00              | 278.62        | .004          |                |          | 1.11       |
| RESTORATIVE DENTISTRY      | 40              | 138               |        | 6,818.25              | 49.41         | .042          | 170.46         |          | 2.09       |
| PROSTHETICS                | 1               | 1                 |        | 30.00                 | 30.00         | .000          | 30.00          |          | .01        |
| DENTURES, STAYPLATES       | 3               | 12                |        | 532.00                | 44.33         | .004          | 177.33         |          | .16        |
| SPACE MAINTAINERS          | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| MAXILLOFACIAL SERVICES     | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| FRACTURES, DISLOCATIONS    | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| ORTHODONTIC SERVICES       | 0               | 0                 |        | .00                   | .00           | .000          | .00            |          | .00        |
| ALL OTHER SERVICES         | 5               | 4                 |        | .00                   | .00           | .001          | .00            |          | .00        |
| #CALIF DEPT OF HEALTH SERV |                 | ES AND EXPENDITUR | ES MON |                       |               |               |                | P        | AGE 10,754 |
| MOP024                     | FEE-FOR-SERVICE |                   | 1101   | VIII OI IZIITIDIVI IX | DIONI ION OIN | 2001 IIII(0 D | DC 2001        |          | 03/14/05   |
| SACRAMENTO COUNTY          |                 | ICES FOR MIA - N  | 0 000  | _ TOTAT               |               |               |                |          | 03/14/03   |
| SACRAMENTO COUNTY          | SUMMARI OF SERV | ICES FOR MIA - N  | 0 500  | - 101AL               |               | MO            | NIMITE ATTENDA | CE       |            |
| 2 267 ELTOTRICO            | HOEDO           | IINTEG OF SERVICE |        | DADDND TEILDE C       | ATTEDACE COCT |               | NTHLY AVERA    |          |            |
| 3,267 ELIGIBLES            | USERS           | UNITS OF SERVICE  |        | EXPENDITURES          | AVERAGE COST  |               |                |          | COST PER   |
|                            |                 | OR DAYS OF CARE   |        |                       | PER UNIT/DAY  |               | USER           |          | ELIGIBLE   |
| @OPTOMETRIST               | 33              |                   | \$     | 2,354.86              |               | .032          |                | \$       | .72        |
| DIAGNOSTIC AND ANC. PROCED | 28              | 29                |        | 1,256.82              | 43.34         | .009          | 44.89          |          | .38        |
|                            |                 |                   |        |                       |               |               |                |          |            |

| EYE APPLIANCES               | 26  | 75             | 1,060.54           | 14.14        | .023  | 40.79         | .32          |
|------------------------------|-----|----------------|--------------------|--------------|-------|---------------|--------------|
| OTHER OPTOMETRIC SERVICES    | 1   | 1              | 37.50              | 37.50        | .000  | 37.50         | .01          |
| @CHIROPRACTOR                | 0   | 0              | \$<br>.00          | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| VISITS                       | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| OTHER SERVICES               | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| @PODIATRIST                  | 1   | 1              | \$<br>24.00        | \$<br>24.00  | .000  | \$<br>24.00   | \$<br>.01    |
| MEDICINE/INJECTIONS          | 1   | 1              | 24.00              | 24.00        | .000  | 24.00         | .01          |
| SURGERY/ANES.                | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| RADIO./PATHOLOGY             | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| OTHER                        | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| @HOME HEALTH AGENCY          | 3   | 4              | \$<br>176.21       | \$<br>44.05  | .001  | \$<br>58.74   | \$<br>.05    |
| NURSE ANESTHESIST            | 16  | 136            | \$<br>2,437.80     | \$<br>17.93  | .042  | \$<br>152.36  | \$<br>.75    |
| NURSE MIDWIFE                | 4   | 12             | \$<br>371.84       | \$<br>30.99  | .004  | \$<br>92.96   | \$<br>.11    |
| PEDIATRIC NURSE PRACTITIONER | 0   | 0              | \$<br>.00          | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| FAMILY NURSE PRACTITIONER    | 1   | 2              | \$<br>81.20        | \$<br>40.60  | .001  | \$<br>81.20   | \$<br>.02    |
| @TOTAL HOSPITAL              | 976 | 5 <b>,</b> 753 | \$<br>1,228,701.30 | \$<br>213.58 | 1.761 | \$<br>1258.92 | \$<br>376.09 |
| HOSP INPATIENT TOTAL         | 218 | 835            | 1,137,302.66       | 1362.04      | .256  | 5216.98       | 348.12       |
| HSC HOSPITALS                | 213 | 814            | 1,116,357.10       | 1371.45      | .249  | 5241.11       | 341.71       |
| NON-HSC HOSPITAL TOTAL       | 5   | 21             | 20,945.56          | 997.41       | .006  | 4189.11       | 6.41         |
| ACCOMMODATIONS               | 5   | 21             | 9,558.41           | 455.16       | .006  | 1911.68       | 2.93         |
| ADMINISTRATIVE DAYS          | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| TRANSITIONAL IP CARE         | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| ALL OTHER ACCOM              | 5   | 21             | 9,558.41           | 455.16       | .006  | 1911.68       | 2.93         |
| ANCILLARIES                  | 5   | 0              | 11,387.15          | .00          | .000  | 2277.43       | 3.49         |
| INPATIENT CROSSOVERS         | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| ALL OTHER INPATIENT          | 0   | 0              | .00                | .00          | .000  | .00           | .00          |
| HOSP OUTPATIENT TOTAL        | 885 | 4,918          | 91,398.64          | 18.58        | 1.505 | 103.28        | 27.98        |
| MEDICAL                      | 56  | 70             | 2 <b>,</b> 717.96  | 38.83        | .021  | 48.54         | .83          |
| SURGERY                      | 85  | 138            | 3,703.02           | 26.83        | .042  | 43.56         | 1.13         |
| PATHOLOGY                    | 408 | 1,787          | 21,506.95          | 12.04        | .547  | 52.71         | 6.58         |
| RADIOLOGY                    | 169 | 193            | 13,430.66          | 69.59        | .059  | 79.47         | 4.11         |
| ROOM USE                     | 467 | 653            | 24,872.92          | 38.09        | .200  | 53.26         | 7.61         |

| CROSSOVERS/ALL OTH OUTPINT  | 487                      | 2,077       | 25,167.13        | 3      | 12.12   | .636        | 51.68      | 7.70        |
|-----------------------------|--------------------------|-------------|------------------|--------|---------|-------------|------------|-------------|
| @COUNTY HOSPITAL TOTAL      | 20                       | 171 \$      | 41,139.29        | 9 \$   | 240.58  | .052        | \$ 2056.96 | \$ 12.59    |
| CO HOSPITAL INPATIENT TOTAL | 4                        | 34          | 37,400.00        | 0 :    | 1100.00 | .010        | 9350.00    | 11.45       |
| HSC HOSPITALS               | 4                        | 34          | 37,400.00        | 0 :    | 1100.00 | .010        | 9350.00    | 11.45       |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| ACCOMMODATIONS              | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| ALL OTHER ACCOM             | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| ANCILLARIES                 | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| ALL OTHER INPATIENT         | 0                        | 0           | .00              | 0      | .00     | .000        | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL    | 19                       | 137         | 3,739.29         | 9      | 27.29   | .042        | 196.80     | 1.14        |
| MEDICAL                     | 1                        | 2           | 164.87           | 7      | 82.44   | .001        | 164.87     | .05         |
| SURGERY                     | 6                        | 10          | 302.04           | 4      | 30.20   | .003        | 50.34      | .09         |
| PATHOLOGY                   | 10                       | 64          | 1,023.48         | 8      | 15.99   | .020        | 102.35     | .31         |
| RADIOLOGY                   | 1                        | 1           | 283.82           | 2      | 283.82  | .000        | 283.82     | .09         |
| ROOM USE                    | 10                       | 27          | 1,562.12         | 2      | 57.86   | .008        | 156.21     | .48         |
| CROSSOVERS/ALL OTH OUTPINT  | 14                       | 33          | 402.96           | 6      | 12.21   | .010        | 28.78      | .12         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | XPENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU I | DEC 2004   | PAGE 10,755 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |             |                  |        |         |             |            | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | MIA - NO    | SOC - TOTAL      |        |         |             |            |             |

----- MONTHLY AVERAGE -----3,267 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 956 \$ 212.75 @COMMUNITY HOSPITAL TOTAL 5,582 1,187,562.01 1.709 \$ 1242.22 \$ 363.50 214 801 1,099,902.66 1373.16 .245 5139.73 COMM HOSP INPATIENT TOTAL 336.67 209 780 1383.28 .239 5162.47 330.26 HSC HOSPITALS 1,078,957.10 5 21 4189.11 NON-HSC HOSPITALS TOTAL 20,945.56 997.41 .006 6.41 ACCOMMODATIONS 21 9,558.41 455.16 .006 1911.68 2.93 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 0 TRANSITIONAL IP CARE .00 .00 .000 .00 9,558.41 ALL OTHER ACCOM 21 455.16 .006 1911.68 2.93 ANCILLARIES 11,387.15 .00 .000 2277.43 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 866 4,781 87,659.35 18.33 1.463 101.22 26.83 55 68 2,553.09 37.55 .021 46.42 MEDICAL .78 79 128 3,400.98 26.57 .039 43.05 SURGERY 1.04 398 PATHOLOGY 1,723 20,483.47 11.89 .527 51.47 6.27 192 168 68.47 .059 78.26 RADIOLOGY 13,146.84 626 7.14 457 23,310.80 37.24 .192 51.01 ROOM USE 473 .626 CROSSOVERS/ALL OTH OUTPINT 2,044 24,764.17 12.12 52.36 7.58 .00 \$ .00 .00 .000 \$ .00 @STATE HOSPITAL MENTALLY ILL 0 0 .00 .00 .000 .00 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 .00 .000 \$ .00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .00 .000 .00 .00 .000 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$ .00 \$ .00 0 .00 ICF DDH .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

| ICF DDN/DDCN                 | 0                   | 0             |       | .00                | 1      | .00     | .000      |     | .00    |    | .00        |
|------------------------------|---------------------|---------------|-------|--------------------|--------|---------|-----------|-----|--------|----|------------|
| @HEMODIALYSIS TOTAL          | 0                   | 0             | \$    | .00                | \$     | .00     | .000      | \$  | .00    | \$ | .00        |
| HOSPITAL BASED               | 0                   | 0             |       | .00                | 1      | .00     | .000      |     | .00    |    | .00        |
| HEMODIALYSIS CENTER          | 0                   | 0             |       | .00                | 1      | .00     | .000      |     | .00    |    | .00        |
| @REHABILITATION FACILITY     | 1                   | 15            | \$    | 301.92             | \$     | 20.13   | .005      | \$  | 301.92 | \$ | .09        |
| HOSPITAL BASED               | 1                   | 15            |       | 301.92             | !      | 20.13   | .005      |     | 301.92 |    | .09        |
| INDEPENDENT FACILITY         | 0                   | 0             |       | .00                | )      | .00     | .000      |     | .00    |    | .00        |
| @LABORATORY FACILITY         | 828                 | 2,398         | \$    | 32,918.29          | \$     | 13.73   | .734      | \$  | 39.76  | \$ | 10.08      |
| PATHOLOGY                    | 827                 | 2,397         |       | 32 <b>,</b> 908.79 | )      | 13.73   | .734      |     | 39.79  |    | 10.07      |
| XO AND OTHERS                | 1                   | 1             |       | 9.50               | )      | 9.50    | .000      |     | 9.50   |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 427                 | 1,985         | \$    | 66,170.25          | \$     | 33.34   | .608      | \$  | 154.97 | \$ | 20.25      |
| CLINIC                       | 406                 | 1,923         |       | 61 <b>,</b> 828.92 |        | 32.15   | .589      |     | 152.29 |    | 18.93      |
| SURGICENTER                  | 9                   | 42            |       | 1,218.71           |        | 29.02   | .013      |     | 135.41 |    | .37        |
| HEROIN DETOX CLINIC          | 0                   | 0             |       | .00                | )      | .00     | .000      |     | .00    |    | .00        |
| RURAL HEALTH CLINIC          | 12                  | 20            |       | 3,122.62           |        | 156.13  | .006      |     | 260.22 |    | .96        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES   | AND EXPENDITU | RES : | MONTH-OF-PAYMENT   | REPORT | FOR JAN | 2004 THRU | DEC | 2004   | P  | AGE 10,756 |
| MOP024                       | FEE-FOR-SERVICE/DEN | NTAL          |       |                    |        |         |           |     |        |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES | S FOR MIA -   | NO S  | OC - TOTAL         |        |         |           |     |        |    |            |

AVERAGE COST UNITS/DAYS COST PER 3,267 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 216 433 20,438.90 47.20 .133 \$ 94.62 \$ 6.26 DURABLE MED. EQUIP. 3 7 677.82 96.83 .002 225.94 .00 BLOOD BANK 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS 1 1 25.00 25.00 .000 25.00 .01 MEDICAL TRANSPORTATION 38 201 4,197.33 20.88 .062 110.46 38 20.94 110.20 AMBULANCES/AIR TRANS 200 4,187.45 .061 1.28 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 9.88 9.88 .000 9.88 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .000 .00 GENETIC DISEASE TESTING 140 14,700.00 105.00 .043 105.76 IHMC, MODEL-NF, NF, AIDS, MSSP .00 0 .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 675.86 8.34 .025 18.77 OPTICIAN PHYSICAL THERAPIST .00 .00 .00 .000 .00 .00 .00 PORTABLE X-RAY 0 0 .00 .000 .00 PROSTHETIST/ORTHOTISTS 144.48 144.48 .000 144.48 144.48 144.48 144.48 PROSTHETICS .000 .04 .00 .00 ORTHOTICS .00 .000 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 LOCAL EDUCATION AGENCIES 10.40 10.40 .000 10.40 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 1 8.01 8.01 .000 8.01 .00 @CALIF. CHILDREN SERVICES\* 378,158.59 \$ 310.99 .372 \$ 12605.29 \$ 115.75 1,216 @XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .000 \$ .00 \$ .00 .00

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

| SACRAMENTO COUNTY          | SUMMARY OF SERV   | VICES FOR MIA - SOC - I  | LTC              | AID CODE        | 53            |             |             |
|----------------------------|---|--------------------------|------------------|-----------------|---------------|-------------|-------------|
|                            |   |                          |                  |                 | MONT          | THLY AVERAC | GE          |
| 320 ELIGIBLES              | USERS   | UNITS OF SERVICE         | EXPENDITURES     | AVERAGE COST    | UNITS/DAYS    | COST PER    | COST PER    |
|                            |   | OR DAYS OF CARE          |                  | PER UNIT/DAY    | PER ELIG      | USER        | ELIGIBLE    |
| @TOTAL, ALL PROVIDERS      | 406   | 16,423 \$                | 1,291,614.94     | \$ 78.65        | 51.322 \$     | 3181.32     | \$ 4036.30  |
| @PHYSICIANS SERVICES       | 115   | 326 \$                   | 14,453.89        | \$ 44.34        | 1.019 \$      | 125.69      |             |
| OUTPATIENT VISITS          | 31  | 47                       | 2,791.02         | 59.38           | .147          | 90.03       | 8.72        |
| OFFICE VISITS              | 10  | 17                       | 615.33           | 36.20           | .053          | 61.53       | 1.92        |
| HOME VISITS                | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| EMERGENCY ROOM             | 20  | 27                       | 2,091.77         | 77.47           | .084          | 104.59      | 6.54        |
|                            | 0   | 27                       | •                | .00             | .000          | .00         | .00         |
| PREVENTIVE CARE            | 0   | 0<br>0                   | .00              |                 |               |             |             |
| OB VISITS/COMPRE PERI      | _   | U                        | .00              | .00             | .000          | .00         | .00         |
| OTHER OUTPATIENT           | 3   | 3                        | 83.92            | 27.97           | .009          | 27.97       | .26         |
| INPATIENT VISITS           | 50  | 136                      | 4,445.78         | 32.69           | .425          | 88.92       | 13.89       |
| HOSPITAL VISITS            | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| CRITICAL CARE              | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| SNF/ICF/TRANS IP CARE      | 50  | 136                      | 4,445.78         | 32.69           | .425          | 88.92       | 13.89       |
| OPHTHALMOLOGICAL SERVICES  | 1   | 1                        | 57.79            | 57.79           | .003          | 57.79       | .18         |
| EXAMINATIONS               | 1   | 1                        | 57.79            | 57.79           | .003          | 57.79       | .18         |
| SERVICES AND MATERIALS     | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| INPATIENT HOSPITAL SURGERY | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| PRINCIPAL SURGEON          | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ASSISTANT SURGEON          | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ANESTHESIOLOGIST           | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| OUTPATIENT SURGERY         | 11  | 34                       | 3,084.11         | 90.71           | .106          | 280.37      | 9.64        |
| PRINCIPAL SURGEON          | 8   | 13                       | 2,458.14         | 189.09          | .041          | 307.27      | 7.68        |
| ASSISTANT SURGEON          | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ANESTHESIOLOGIST           | 4   | 21                       | 625.97           | 29.81           | .066          | 156.49      | 1.96        |
|                            | 4   | 12                       |                  |                 |               |             | 5.12        |
| DIALYSIS                   | 8   |                          | 1,637.63         | 136.47          | .038          | 818.82      |             |
| PATHOLOGY                  |   | 23                       | 128.80           | 5.60            | .072          | 16.10       | .40         |
| RADIOLOGY                  | 33  | 51                       | 1,754.47         | 34.40           | .159          | 53.17       | 5.48        |
| PSYCHIATRY                 | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| IMMUNIZATION AND INJECTION | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| OTHER SERVICES/ALL X-OVERS | 18  | 22                       | 554.29           | 25.20           | .069          | 30.79       | 1.73        |
| @PHARMACY                  | 244   | 7,234 \$                 | 169,880.68       | \$ 23.48        | 22.606 \$     |             | \$ 530.88   |
| PRESCRIPTION DRUGS         | 242   | 2,273                    | 167,417.02       | 73.65           | 7.103         | 691.81      | 523.18      |
| SNF/ICF                    | 190   | 1,965                    | 139,004.53       | 70.74           | 6.141         | 731.60      | 434.39      |
| OUTPATIENTS                | 56  | 308                      | 28,412.49        | 92.25           | .963          | 507.37      | 88.79       |
| MEDICAL SUPPLIES           | 0<br>18<br>244<br>242<br>190<br>56<br>18<br>19<br>18<br>5<br>0<br>0 | 4,961                    | 2,463.66         | .50             | 15.503        | 136.87      | 7.70        |
| @DENTIST                   | 19  | 73 \$                    | 1,960.00         | \$ 26.85        | .228 \$       | 103.16      | \$ 6.13     |
| VISITS - DIAGNOSTIC        | 18  | 47                       | 927.00           | 19.72           | .147          | 51.50       | 2.90        |
| ORAL SURGERY               | 5   | 22                       | 850.00           | 38.64           | .069          | 170.00      | 2.66        |
| DRUGS                      | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ANESTHESIA                 | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| PERIODONTICS               | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ENDODONTICS<br>ENDODONTICS | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ENDODONITOS                | 2   | 4                        |                  |                 |               |             |             |
| RESTORATIVE DENTISTRY      |   |                          | 183.00           | 45.75           | .013          | 91.50       | .57         |
| PROSTHETICS                | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| DENTURES, STAYPLATES       | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| SPACE MAINTAINERS          | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| MAXILLOFACIAL SERVICES     | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| FRACTURES, DISLOCATIONS    | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ORTHODONTIC SERVICES       | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| ALL OTHER SERVICES         | 0   | 0                        | .00              | .00             | .000          | .00         | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVI  | CES AND EXPENDITURES MON | TH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DEC | C 2004      | PAGE 10,758 |
| MODO24                     | FFF_FOD_CFDVICI   | z / DENIMA I             |                  |                 |               |             | 03/11/05    |

| SACRAMENTO COUNTY            | SUMMARY OF SERV | /ICES FOR MIA - S | OC - 1 | LTC               |     | AID CODE |           |     |           |    |          |
|------------------------------|-----------------|-------------------|--------|-------------------|-----|----------|-----------|-----|-----------|----|----------|
|                              |                 |                   |        |                   |     |          | M         | ONT | HLY AVERA | GΕ |          |
| 320 ELIGIBLES                | USERS           | UNITS OF SERVICE  |        | EXPENDITURES      |     |          | UNITS/DAY |     | COST PER  |    | COST PER |
|                              |                 | OR DAYS OF CARE   |        |                   | PER | UNIT/DAY | PER ELIG  |     | USER      |    | ELIGIBLE |
| @OPTOMETRIST                 | 8               | 22                | \$     | 522.23            | \$  | 23.74    | .069      | \$  | 65.28     | \$ | 1.63     |
| DIAGNOSTIC AND ANC. PROCED   | 8               | 10                |        | 330.31            |     | 33.03    | .031      |     | 41.29     |    | 1.03     |
| EYE APPLIANCES               | 4               | 12                |        | 191.92            |     | 15.99    | .038      |     | 47.98     |    | .60      |
| OTHER OPTOMETRIC SERVICES    | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| @CHIROPRACTOR                | 0               | 0                 | \$     | .00               | \$  | .00      | .000      | Ś   |           | \$ | .00      |
| VISITS                       | 0               | 0                 | •      | .00               | '   | .00      | .000      |     | .00       |    | .00      |
| OTHER SERVICES               | 0               | Ö                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| @PODIATRIST                  | 1               | 1                 | \$     | 13.00             | \$  | 13.00    | .003      | Ś   | 13.00     | Ś  | .04      |
| MEDICINE/INJECTIONS          | 0               | 0                 | Y      | .00               | Ÿ   | .00      | .000      | Y   | .00       | Y  | .00      |
|                              | 1               | 1                 |        | 13.00             |     | 13.00    | .003      |     | 13.00     |    | .04      |
| SURGERY/ANES.                | 0               | 0                 |        |                   |     |          |           |     |           |    |          |
| RADIO./PATHOLOGY             | 0               |                   |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| OTHER                        | U               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| @HOME HEALTH AGENCY          | 0               | 0                 | \$     | .00               | \$  | .00      |           | \$  | .00       | \$ | .00      |
| NURSE ANESTHESIST            | 0               | 0                 | \$     | .00               | \$  | .00      | .000      | \$  | .00       | \$ | .00      |
| NURSE MIDWIFE                | 0               | 0                 | \$     | .00               | \$  | .00      |           | \$  | .00       | \$ | .00      |
| PEDIATRIC NURSE PRACTITIONER |                 |                   | \$     | .00               | \$  | .00      | .000      | \$  | .00       | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 3               | 4                 | \$     | 140.60            | \$  | 35.15    | .013      | \$  | 46.87     | \$ | . 44     |
| @TOTAL HOSPITAL              | 65              | 432               | \$     | 9,547.88          | \$  | 22.10    | 1.350     | \$  | 146.89    | \$ | 29.84    |
| HOSP INPATIENT TOTAL         | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| HSC HOSPITALS                | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| NON-HSC HOSPITAL TOTAL       | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ACCOMMODATIONS               | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ADMINISTRATIVE DAYS          | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| TRANSITIONAL IP CARE         | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ALL OTHER ACCOM              | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
|                              | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ANCILLARIES                  | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| INPATIENT CROSSOVERS         | •               |                   |        |                   |     |          |           |     |           |    |          |
| ALL OTHER INPATIENT          | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| HOSP OUTPATIENT TOTAL        | 65              | 432               |        | 9,547.88          |     | 22.10    | 1.350     |     | 146.89    |    | 29.84    |
| MEDICAL                      | 11              | 16                |        | 717.95            |     | 44.87    | .050      |     | 65.27     |    | 2.24     |
| SURGERY                      | 7               | 9                 |        | 815.17            |     | 90.57    | .028      |     | 116.45    |    | 2.55     |
| PATHOLOGY                    | 49              | 269               |        | 2,612.41          |     | 9.71     | .841      |     | 53.31     |    | 8.16     |
| RADIOLOGY                    | 20              | 30                |        | 2,109.81          |     | 70.33    | .094      |     | 105.49    |    | 6.59     |
| ROOM USE                     | 22              | 48                |        | 2 <b>,</b> 124.97 |     | 44.27    | .150      |     | 96.59     |    | 6.64     |
| CROSSOVERS/ALL OTH OUTPTNT   |                 | 60                |        | 1 <b>,</b> 167.57 |     | 19.46    | .188      |     | 68.68     |    | 3.65     |
| @COUNTY HOSPITAL TOTAL       | 0               | 0                 | \$     | .00               | \$  | .00      | .000      | \$  | .00       | \$ | .00      |
| CO HOSPITAL INPATIENT TOTAL  | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| HSC HOSPITALS                | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| NON-HSC HOSPITALS TOTAL      | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ACCOMMODATIONS               | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ADMINISTRATIVE DAYS          | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| TRANSITIONAL IP CARE         | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ALL OTHER ACCOM              | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ANCILLARIES                  | 0               | Ö                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| INPATIENT CROSSOVERS         | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ALL OTHER INPATIENT          | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| CO HOSP OUTPATIENT TOTAL     | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
|                              | 0               |                   |        |                   |     |          |           |     |           |    |          |
| MEDICAL                      | U               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| SURGERY                      | Ü               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| PATHOLOGY                    | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| RADIOLOGY                    | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |
| ROOM USE                     | 0               | 0                 |        | .00               |     | .00      | .000      |     | .00       |    | .00      |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

| SACRAMENTO COUNTY           | SUMMARY OF SERV | VICES FOR | MIA - 3        | SOC - LT | C            |     | AID CODE  | 53        |     |           |     |          |
|-----------------------------|-----------------|-----------|----------------|----------|--------------|-----|-----------|-----------|-----|-----------|-----|----------|
|                             |                 |           |                |          |              |     |           | Mo        | TNC | HLY AVERA | GE. |          |
| 320 ELIGIBLES               | USERS           | UNITS OF  | SERVICE        | Ε        | EXPENDITURES | AVE | RAGE COST | UNITS/DAY | 3   | COST PER  |     | COST PER |
|                             |                 | OR DAYS   | OF CAR         | E        |              | PER | UNIT/DAY  | PER ELIG  |     | USER      |     | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 65              |           | 432            | \$       | 9,547.88     | \$  | 22.10     | 1.350     | \$  | 146.89    | \$  | 29.84    |
| COMM HOSP INPATIENT TOTAL   | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| HSC HOSPITALS               | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| NON-HSC HOSPITALS TOTAL     | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| ACCOMMODATIONS              | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| ADMINISTRATIVE DAYS         | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| TRANSITIONAL IP CARE        | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| ALL OTHER ACCOM             | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| ANCILLARIES                 | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| INPATIENT CROSSOVERS        | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| ALL OTHER INPATIENT         | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 65              |           | 432            |          | 9,547.88     |     | 22.10     | 1.350     |     | 146.89    |     | 29.84    |
| MEDICAL                     | 11              |           | 16             |          | 717.95       |     | 44.87     | .050      |     | 65.27     |     | 2.24     |
| SURGERY                     | 7               |           | 9              |          | 815.17       |     | 90.57     | .028      |     | 116.45    |     | 2.55     |
| PATHOLOGY                   | 49              |           | 269            |          | 2,612.41     |     | 9.71      | .841      |     | 53.31     |     | 8.16     |
| RADIOLOGY                   | 20              |           | 30             |          | 2,109.81     |     | 70.33     | .094      |     | 105.49    |     | 6.59     |
| ROOM USE                    | 22              |           | 48             |          | 2,124.97     |     | 44.27     | .150      |     | 96.59     |     | 6.64     |
| CROSSOVERS/ALL OTH OUTPTNT  | 17              |           | 60             |          | 1,167.57     |     | 19.46     | .188      |     | 68.68     |     | 3.65     |
| @STATE HOSPITAL             | 0               |           | 0              | \$       | .00          | \$  | .00       | .000      | \$  | .00       | \$  | .00      |
| MENTALLY ILL                | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| DEVELOP. DISABLED           | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| @NURSING FACILITY           | 142             | 1         | 5 <b>,</b> 928 | \$       | 1,002,859.20 | \$  | 169.17    | 18.525    | \$  | 7062.39   | \$  | 3133.94  |
| LEV A-INTERMEDIATE          | 0               |           | 0              |          | .00          |     | .00       | .000      |     | .00       |     | .00      |
| LEV B-REHAB MD              | 9               |           | 619            |          | 76,784.08    |     | 124.05    | 1.934     |     | 8531.56   |     | 239.95   |
| LEV B-SUBACUTE FREESTANDING | 5               |           | 209            |          | 76,510.38    |     | 366.08    | .653      |     | 15302.08  |     | 239.09   |
|                             |                 |           |                |          |              |     |           |           |     |           |     |          |

| LEV B-SUBACUTE HSPTL BASED   | 19                       | 559     |      | 318,150.88         |        | 569.14   | 1.747     |     | 16744.78 |    | 994.22     |
|------------------------------|--------------------------|---------|------|--------------------|--------|----------|-----------|-----|----------|----|------------|
| LEV B-TRANSITIONAL IP CARE   | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| LEV B-REGULAR                | 109                      | 4,541   |      | 531,413.86         |        | 117.03   | 14.191    |     | 4875.36  |    | 1660.67    |
| @INTERMEDIATE CARE FACILDD   | 8                        | 324     | \$   | 51,850.72          | \$     | 160.03   | 1.013     | \$  | 6481.34  | \$ | 162.03     |
| ICF DDH                      | 6                        | 275     |      | 42,923.00          |        | 156.08   | .859      |     | 7153.83  |    | 134.13     |
| ICF DD                       | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| ICF DDN/DDCN                 | 2                        | 49      |      | 8,927.72           |        | 182.20   | .153      |     | 4463.86  |    | 27.90      |
| @HEMODIALYSIS TOTAL          | 4                        | 199     | \$   | 15,708.76          | \$     | 78.94    | .622      | \$  | 3927.19  | \$ | 49.09      |
| HOSPITAL BASED               | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| HEMODIALYSIS CENTER          | 4                        | 199     |      | 15,708.76          |        | 78.94    | .622      |     | 3927.19  |    | 49.09      |
| @REHABILITATION FACILITY     | 0                        | 0       | \$   | .00                | \$     | .00      | .000      | \$  | .00      | \$ | .00        |
| HOSPITAL BASED               | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| INDEPENDENT FACILITY         | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| @LABORATORY FACILITY         | 39                       | 183     | \$   | 1,720.08           | \$     | 9.40     | .572      | \$  | 44.10    | \$ | 5.38       |
| PATHOLOGY                    | 39                       | 183     |      | 1,720.08           |        | 9.40     | .572      |     | 44.10    |    | 5.38       |
| XO AND OTHERS                | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 17                       | 43      | \$   | 5,824.70           | \$     | 135.46   | .134      | \$  | 342.63   | \$ | 18.20      |
| CLINIC                       | 4                        | 6       |      | 207.01             |        | 34.50    | .019      |     | 51.75    |    | .65        |
| SURGICENTER                  | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| HEROIN DETOX CLINIC          | 0                        | 0       |      | .00                |        | .00      | .000      |     | .00      |    | .00        |
| RURAL HEALTH CLINIC          | 13                       | 37      |      | 5,617.69           |        | 151.83   | .116      |     | 432.13   |    | 17.56      |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EX | KPENDIT | URES | MONTH-OF-PAYMENT F | REPORT | FOR JAN  | 2004 THRU | DEC | 2004     | Ρ  | AGE 10,760 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL   |         |      |                    |        |          |           |     |          |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FOR  | MIA -   | SOC  | - LTC              |        | AID CODE | 53        |     |          |    |            |

----- MONTHLY AVERAGE -----EXPENDITURES 320 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 17,133.20 @ALL OTHER PROVIDERS 68 1,654 \$ 10.36 5.169 \$ 251.96 \$ 53.54 11 176 7,023.52 39.91 .550 638.50 21.95 DURABLE MED. EQUIP. .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 0 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION 581 8,169.09 14.06 1.816 204.23 25.53 35 176.26 AMBULANCES/AIR TRANS 534 6,169.12 11.55 1.669 19.28 .144 OTHER TRANS 6 46 199.97 4.35 33.33 . 62 1,800.00 1800.00 .003 1800.00 5.63 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST .00 .00 .00 .00 10 102.08 10.21 .031 20.42 OPTICIAN PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 29 PORTABLE X-RAY 11 750.31 25.87 .091 68.21 2.34 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 ORTHOTICS .00 .00 .000 .00 . 00 .00 .00 .000 .00 PSYCHOLOGIST 71.81 71.81 SPEECH AND AUDIOLOGY 35.91 .006 .22 HOSPICE SERVICES 499.52 124.88 499.52 1.56 .013 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 .00 .000 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. 0 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 852 516.87 103.37 ALL OTHER PROVIDERS .61 2.663 1.62 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* 9 5 \$ 9,157.68 \$ 1831.54 .016 \$ 1017.52 \$ 28.62

03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,761 MOP024 FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

| SACRAMENTO COUNTY          | SUMMARY OF SERV | /ICES FOR MIA - SOC - | PREGNAN'I'   | AID CODE     |            |          |           |
|----------------------------|-----------------|-----------------------|--------------|--------------|------------|----------|-----------|
|                            |                 |                       |              |              | MONT       |          | SE        |
| 58 ELIGIBLES               | USERS           | UNITS OF SERVICE      | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER | COST PER  |
|                            |                 | OR DAYS OF CARE       |              | PER UNIT/DAY | PER ELIG   | USER     | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 85              | 342 \$                | 50,064.90    | \$ 146.39    | 5.897 \$   | 589.00   | \$ 863.19 |
| @PHYSICIANS SERVICES       | 45              | 99 \$                 | 8,713.21     | \$ 88.01     | 1.707 \$   | 193.63   | \$ 150.23 |
| OUTPATIENT VISITS          | 26              | 36                    | 1,912.10     | 53.11        | .621       | 73.54    | 32.97     |
| OFFICE VISITS              | 4               | 4                     | 81.20        | 20.30        | .069       | 20.30    | 1.40      |
| HOME VISITS                | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| EMERGENCY ROOM             | 13              | 13                    | 736.19       | 56.63        | .224       | 56.63    | 12.69     |
| PREVENTIVE CARE            | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| OB VISITS/COMPRE PERI      | 6               | 16                    | 1,034.47     | 64.65        | .276       | 172.41   | 17.84     |
|                            | 3               | 3                     |              |              |            |          |           |
| OTHER OUTPATIENT           | 3               |                       | 60.24        | 20.08        | .052       | 20.08    | 1.04      |
| INPATIENT VISITS           | 3               | 11                    | 425.13       | 38.65        | .190       | 141.71   | 7.33      |
| HOSPITAL VISITS            | 3               | 11                    | 425.13       | 38.65        | .190       | 141.71   | 7.33      |
| CRITICAL CARE              | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| SNF/ICF/TRANS IP CARE      | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| OPHTHALMOLOGICAL SERVICES  | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| EXAMINATIONS               | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| SERVICES AND MATERIALS     | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| INPATIENT HOSPITAL SURGERY | 8               | 22                    | 3,913.21     | 177.87       | .379       | 489.15   | 67.47     |
| PRINCIPAL SURGEON          | 5               | 5                     | 3,167.02     | 633.40       | .086       | 633.40   | 54.60     |
| ASSISTANT SURGEON          | 2               | 2                     | 304.02       | 152.01       | .034       | 152.01   | 5.24      |
| ANESTHESIOLOGIST           | 3               | 15                    | 442.17       | 29.48        | .259       | 147.39   | 7.62      |
| OUTPATIENT SURGERY         | 5               | 8                     | 1,896.28     | 237.04       | .138       | 379.26   | 32.69     |
| PRINCIPAL SURGEON          | 5               | 8                     | 1,896.28     | 237.04       | .138       | 379.26   | 32.69     |
| ASSISTANT SURGEON          | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| ANESTHESIOLOGIST           | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| DIALYSIS                   | Ö               | 0                     | .00          | .00          | .000       | .00      | .00       |
| PATHOLOGY                  | 5               | 7                     | 170.63       | 24.38        | .121       | 34.13    | 2.94      |
| RADIOLOGY                  | 9               | 12                    | 361.42       | 30.12        | .207       | 40.16    | 6.23      |
| PSYCHIATRY                 | 9               | 0                     | .00          | .00          | .000       | .00      | .00       |
|                            | 0               | 0                     |              |              |            |          |           |
| IMMUNIZATION AND INJECTION | •               | -                     | .00          | .00          | .000       | .00      | .00       |
| OTHER SERVICES/ALL X-OVERS | 2               | 3                     | 34.44        | 11.48        | .052       | 17.22    | .59       |
| @PHARMACY                  | 12              | 25 \$                 | 7,701.01     | \$ 308.04    | .431 \$    |          | \$ 132.78 |
| PRESCRIPTION DRUGS         | 12              | 25                    | 7,701.01     | 308.04       | .431       | 641.75   | 132.78    |
| SNF/ICF                    | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| OUTPATIENTS                | 12              | 25                    | 7,701.01     | 308.04       | .431       | 641.75   | 132.78    |
| MEDICAL SUPPLIES           | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| @DENTIST                   | 2               | 9 \$                  | 824.00       | \$ 91.56     | .155 \$    |          | \$ 14.21  |
| VISITS - DIAGNOSTIC        | 1               | 3                     | 3.00         | 1.00         | .052       | 3.00     | .05       |
| ORAL SURGERY               | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| DRUGS                      | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| ANESTHESIA                 | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| PERIODONTICS               | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| ENDODONTICS                | 1               | 3                     | 656.00       | 218.67       | .052       | 656.00   | 11.31     |
| RESTORATIVE DENTISTRY      | 1               | 3                     | 165.00       | 55.00        | .052       | 165.00   | 2.84      |
| PROSTHETICS                | Û               | 0                     | .00          | .00          | .000       | .00      | .00       |
| DENTURES, STAYPLATES       | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| SPACE MAINTAINERS          | 0               | 0                     | .00          | .00          | .000       | .00      | .00       |
| STACE MAINIAINERS          | U               | U                     | .00          | .00          | .000       | .00      | .00       |

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,762

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

| SACRAMENTO COUNTY            | SUMMARY OF SER | VICES FOR MIA - | soc -       | PREGNANT     |    | AID CODE   |           |    |           |     |          |
|------------------------------|----------------|-----------------|-------------|--------------|----|------------|-----------|----|-----------|-----|----------|
|                              |                |                 |             |              |    |            |           |    | HLY AVERA | GE. |          |
| 58 ELIGIBLES                 | USERS          | UNITS OF SERVIC | €           | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S  | COST PER  |     | COST PER |
|                              |                | OR DAYS OF CAR  | $\subseteq$ |              | PΕ | R UNIT/DAY | PER ELIG  |    | USER      |     | ELIGIBLE |
| @OPTOMETRIST                 | 0              | 0               | \$          | .00          | \$ | .00        | .000      | \$ | .00       | \$  | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| EYE APPLIANCES               | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| OTHER OPTOMETRIC SERVICES    | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| @CHIROPRACTOR                | 0              | 0               | \$          | .00          | \$ | .00        | .000      | \$ | .00       | \$  | .00      |
| VISITS                       | 0              | 0               | ·           | .00          |    | .00        | .000      |    | .00       |     | .00      |
| OTHER SERVICES               | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| @PODIATRIST                  | 1              | 1               | \$          | 57.20        | \$ | 57.20      | .017      | Ś  | 57.20     | Ś   | .99      |
| MEDICINE/INJECTIONS          | _<br>1         | 1               |             | 57.20        |    | 57.20      | .017      |    | 57.20     |     | .99      |
| SURGERY/ANES.                | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| RADIO./PATHOLOGY             | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| OTHER                        | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| @HOME HEALTH AGENCY          | 0              | 0               | \$          | .00          | \$ | .00        | .000      | \$ | .00       | \$  | .00      |
| NURSE ANESTHESIST            | 0              | 0               | \$          | .00          | \$ | .00        | .000      | \$ | .00       | \$  | .00      |
| NURSE MIDWIFE                | 0              | 0               | \$          | .00          | \$ | .00        | .000      | Ś  | .00       | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | •              | 0               | \$          | .00          | \$ | .00        | .000      | \$ | .00       | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 0              | 0               | \$          | .00          | \$ | .00        | .000      | \$ | .00       | \$  | .00      |
| @TOTAL HOSPITAL              | 37             | 181             | ب<br>خ      | 31,903.40    | \$ | 176.26     | 3.121     |    | 862.25    | \$  | 550.06   |
| HOSP INPATIENT TOTAL         | 8              | 21              | Ą           | 29,012.09    | Ą  | 1381.53    | .362      | Ş  | 3626.51   | ې   | 500.21   |
| HSC HOSPITALS                | 0              | 21              |             |              |    | 1381.53    | .362      |    | 3626.51   |     | 500.21   |
|                              | 0              | 0               |             | 29,012.09    |    |            | .000      |    |           |     |          |
| NON-HSC HOSPITAL TOTAL       | 0              | 0               |             | .00          |    | .00        |           |    | .00       |     | .00      |
| ACCOMMODATIONS               | 0              |                 |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ADMINISTRATIVE DAYS          | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| TRANSITIONAL IP CARE         | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ALL OTHER ACCOM              | -              |                 |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ANCILLARIES                  | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| INPATIENT CROSSOVERS         | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ALL OTHER INPATIENT          | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| HOSP OUTPATIENT TOTAL        | 31             | 160             |             | 2,891.31     |    | 18.07      | 2.759     |    | 93.27     |     | 49.85    |
| MEDICAL                      | 8              | 10              |             | 294.68       |    | 29.47      | .172      |    | 36.84     |     | 5.08     |
| SURGERY                      | 2              | 2               |             | 221.28       |    | 110.64     | .034      |    | 110.64    |     | 3.82     |
| PATHOLOGY                    | 12             | 87              |             | 779.34       |    | 8.96       | 1.500     |    | 64.95     |     | 13.44    |
| RADIOLOGY                    | 9              | 10              |             | 439.63       |    | 43.96      | .172      |    | 48.85     |     | 7.58     |
| ROOM USE                     | 21             | 25              |             | 722.01       |    | 28.88      | .431      |    | 34.38     |     | 12.45    |
| CROSSOVERS/ALL OTH OUTPTNT   |                | 26              |             | 434.37       |    | 16.71      | .448      |    | 27.15     |     | 7.49     |
| @COUNTY HOSPITAL TOTAL       | 0              | 0               | \$          | .00          | \$ | .00        | .000      | \$ | .00       | \$  | .00      |
| CO HOSPITAL INPATIENT TOTAL  |                | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| HSC HOSPITALS                | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| NON-HSC HOSPITALS TOTAL      | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ACCOMMODATIONS               | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ADMINISTRATIVE DAYS          | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| TRANSITIONAL IP CARE         | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ALL OTHER ACCOM              | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ANCILLARIES                  | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| INPATIENT CROSSOVERS         | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
| ALL OTHER INPATIENT          | 0              | 0               |             | .00          |    | .00        | .000      |    | .00       |     | .00      |
|                              |                |                 |             |              |    |            |           |    |           |     |          |

| CO HOSP OUTPATIENT TOTAL   | 0                      | 0            | .00                     | .00      | .000        | .00     | .00         |
|----------------------------|------------------------|--------------|-------------------------|----------|-------------|---------|-------------|
| MEDICAL                    | 0                      | 0            | .00                     | .00      | .000        | .00     | .00         |
| SURGERY                    | 0                      | 0            | .00                     | .00      | .000        | .00     | .00         |
| PATHOLOGY                  | 0                      | 0            | .00                     | .00      | .000        | .00     | .00         |
| RADIOLOGY                  | 0                      | 0            | .00                     | .00      | .000        | .00     | .00         |
| ROOM USE                   | 0                      | 0            | .00                     | .00      | .000        | .00     | .00         |
| CROSSOVERS/ALL OTH OUTPINT | 0                      | 0            | .00                     | .00      | .000        | .00     | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND  | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN  | 2004 THRU D | EC 2004 | PAGE 10,763 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL |              |                         |          |             |         | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FO | OR MIA - SOC | - PREGNANT              | AID CODE | 87          |         |             |

----- MONTHLY AVERAGE -----58 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 181 31,903.40 \$ 176.26 3.121 \$ 862.25 \$ 550.06 COMM HOSP INPATIENT TOTAL 21 3626.51 29,012.09 1381.53 .362 500.21 21 29,012.09 1381.53 .362 3626.51 500.21 HSC HOSPITALS Ω NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 ANCILLARIES .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 31 COMM HOSP OUTPATIENT TOTAL 160 2,891.31 18.07 2.759 93.27 49.85 10 29.47 .172 36.84 MEDICAL 294.68 5.08 SURGERY 2 221.28 110.64 .034 110.64 3.82 12 87 8.96 64.95 779.34 1.500 13.44 PATHOLOGY RADIOLOGY 9 10 439.63 43.96 48.85 .172 7.58 25 ROOM USE 722.01 28.88 .431 34.38 12.45 26 16 434.37 16.71 CROSSOVERS/ALL OTH OUTPINT .448 27.15 7.49 0 0 .00 .00 .00 \$ @STATE HOSPITAL .000 \$ .00 .00 MENTALLY ILL .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$ .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$ .00 \$ .00 0 ICF DDH .00 .00 .000 .00 .00 0 .00 .00 ICF DD .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$ .00 \$ . 00 HOSPITAL BASED .00 .00 .000 .00 .00 0 .00 .00 HEMODIALYSIS CENTER .00 .000 .00 @REHABILITATION FACILITY 0 .00 .00 .000 .00 . 00 0 .00 .00 .00 HOSPITAL BASED .000 .00 0 .00 .00 INDEPENDENT FACILITY .00 .000 .00 23 @LABORATORY FACILITY 358.08 15.57 .397 59.68 6.17 358.08 59.68 15.57 .397 PATHOLOGY 0 .00 .00 .00 .00 XO AND OTHERS .000 157.49 78.75 .034 78.75 \$ @ORGANIZED OUTPATIENT CLINIC 2.72 CLINIC .00 .00 .000 .00 .00

| SURGICENTER                | 0                     | 0            | .00                     | .00          | .000     | .00   | .00         |
|----------------------------|-----------------------|--------------|-------------------------|--------------|----------|-------|-------------|
| HEROIN DETOX CLINIC        | 0                     | 0            | .00                     | .00          | .000     | .00   | .00         |
| RURAL HEALTH CLINIC        | 2                     | 2            | 157.49                  | 78.75        | .034     | 78.75 | 2.72        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 2004 | THRU DEC | 2004  | PAGE 10,764 |
| MOP024                     | FEE-FOR-SERVICE/DENTA | L            |                         |              |          |       | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES F | OR MIA - SOC | - PREGNANT              | AID CODE 87  |          |       |             |

| 011011111111111111111111111111111111111 | 001111111111111111111111111111111111111 | . 1020 1011 11111 000 | 111111111    | 1112 0022    | 0 /        |            |          |
|---|---|-----------------------|--------------|--------------|------------|------------|----------|
|   |   |                       |              |              | MON        | THLY AVERA | GE       |
| 58 ELIGIBLES                            | USERS                                   | UNITS OF SERVICE      | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER |
|   |   | OR DAYS OF CARE       |              | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE |
| @ALL OTHER PROVIDERS                    | 3                                       | 2 \$                  | 350.51       | \$ 175.26    | .034 \$    | 116.84     | \$ 6.04  |
| DURABLE MED. EQUIP.                     | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| BLOOD BANK                              | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| HEARING AID DISPENSERS                  | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| MEDICAL TRANSPORTATION                  | 2                                       | 1                     | 245.51       | 245.51       | .017       | 122.76     | 4.23     |
| AMBULANCES/AIR TRANS                    | 2                                       | 1                     | 245.51       | 245.51       | .017       | 122.76     | 4.23     |
| OTHER TRANS                             | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| OTHER SERVICES                          | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| ACUPUNCTURE                             | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| ADULT DAY HEALTH CARE CTR               | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| GENETIC DISEASE TESTING                 | 1                                       | 1                     | 105.00       | 105.00       | .017       | 105.00     | 1.81     |
| IHMC, MODEL-NF, NF, AIDS, MSSP          | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| OCCUPATIONAL THERAPIST                  | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| OPTICIAN                                | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| PHYSICAL THERAPIST                      | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| PORTABLE X-RAY                          | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| PROSTHETIST/ORTHOTISTS                  | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| PROSTHETICS                             | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| ORTHOTICS                               | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| PSYCHOLOGIST                            | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| SPEECH AND AUDIOLOGY                    | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| HOSPICE SERVICES                        | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
| NONINST BIRTHING CENTERS                | 0                                       | 0                     | .00          | .00          | .000       | .00        | .00      |
|   |   |                       |              |              |            |            |          |

| LOCAL EDUCATION AGENCIES      | 0 | 0 | .00       | .00       | .000    | .00 | .00    |
|-------------------------------|---|---|-----------|-----------|---------|-----|--------|
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0 | .00       | .00       | .000    | .00 | .00    |
| RESPIRATORY CARE PRACT.       | 0 | 0 | .00       | .00       | .000    | .00 | .00    |
| PED SUBACUTE REHAB/WEANING    | 0 | 0 | .00       | .00       | .000    | .00 | .00    |
| ALL OTHER PROVIDERS           | 0 | 0 | .00       | .00       | .000    | .00 | .00    |
| @CALIF. CHILDREN SERVICES*    | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 \$ | .00 | \$ .00 |
| @XOVER EXCLUDING STATE HOSP** | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 \$ | .00 | \$ .00 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,765
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| SACRAMENTO COUNTI          | SUMMARI OF SER | VICES FOR MIA    | 30C - | TOTAL        |              | MC     | NIMIII      | CE  |          |
|----------------------------|----------------|------------------|-------|--------------|--------------|--------|-------------|-----|----------|
| 270 ELICIDIES              | USERS          | UNITS OF SERVICE | _     | EXPENDITURES | AVERAGE COST |        | NTHLY AVERA | 4GE | COST PER |
| 378 ELIGIBLES              | USEKS          | OR DAYS OF CAR   |       | EXPENDITURES | PER UNIT/DAY |        | USER        |     | ELIGIBLE |
| amomai ali ppominenc       | 491            |                  |       | 1 241 670 04 |              |        |             | ċ   |          |
| @TOTAL, ALL PROVIDERS      |                | 16,765           | \$    |              | \$ 80.03     |        | \$ 2732.55  |     |          |
| @PHYSICIANS SERVICES       | 160            | 425              | \$    |              | \$ 54.51     |        | \$ 144.79   | Ş   | 61.29    |
| OUTPATIENT VISITS          | 57             | 83               |       | 4,703.12     | 56.66        | .220   | 82.51       |     | 12.44    |
| OFFICE VISITS              | 14             | 21               |       | 696.53       | 33.17        | .056   | 49.75       |     | 1.84     |
| HOME VISITS                | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| EMERGENCY ROOM             | 33             | 40               |       | 2,827.96     | 70.70        | .106   | 85.70       |     | 7.48     |
| PREVENTIVE CARE            | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| OB VISITS/COMPRE PERI      | 6              | 16               |       | 1,034.47     | 64.65        | .042   | 172.41      |     | 2.74     |
| OTHER OUTPATIENT           | 6              | 6                |       | 144.16       | 24.03        | .016   | 24.03       |     | .38      |
| INPATIENT VISITS           | 53             | 147              |       | 4,870.91     | 33.14        | .389   | 91.90       |     | 12.89    |
| HOSPITAL VISITS            | 3              | 11               |       | 425.13       | 38.65        | .029   | 141.71      |     | 1.12     |
| CRITICAL CARE              | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| SNF/ICF/TRANS IP CARE      | 50             | 136              |       | 4,445.78     | 32.69        | .360   | 88.92       |     | 11.76    |
| OPHTHALMOLOGICAL SERVICES  | 1              | 1                |       | 57.79        | 57.79        | .003   | 57.79       |     | .15      |
| EXAMINATIONS               | 1              | 1                |       | 57.79        | 57.79        | .003   | 57.79       |     | .15      |
| SERVICES AND MATERIALS     | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| INPATIENT HOSPITAL SURGERY | 8              | 22               |       | 3,913.21     | 177.87       | .058   | 489.15      |     | 10.35    |
| PRINCIPAL SURGEON          | 5              | 5                |       | 3,167.02     | 633.40       | .013   | 633.40      |     | 8.38     |
| ASSISTANT SURGEON          | 2              | 2                |       | 304.02       | 152.01       | .005   | 152.01      |     | .80      |
| ANESTHESIOLOGIST           | 3              | 15               |       | 442.17       | 29.48        | .040   | 147.39      |     | 1.17     |
| OUTPATIENT SURGERY         | 16             | 42               |       | 4,980.39     | 118.58       | .111   | 311.27      |     | 13.18    |
| PRINCIPAL SURGEON          | 13             | 21               |       | 4,354.42     | 207.35       | .056   | 334.96      |     | 11.52    |
| ASSISTANT SURGEON          | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| ANESTHESIOLOGIST           | 4              | 21               |       | 625.97       | 29.81        | .056   | 156.49      |     | 1.66     |
| DIALYSIS                   | 2              | 12               |       | 1,637.63     | 136.47       | .032   | 818.82      |     | 4.33     |
| PATHOLOGY                  | 13             | 30               |       | 299.43       | 9.98         | .079   | 23.03       |     | .79      |
| RADIOLOGY                  | 42             | 63               |       | 2,115.89     | 33.59        | .167   | 50.38       |     | 5.60     |
| PSYCHIATRY                 | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| IMMUNIZATION AND INJECTION | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| OTHER SERVICES/ALL X-OVERS | 20             | 25               |       | 588.73       | 23.55        | .066   | 29.44       |     | 1.56     |
| @PHARMACY                  | 256            | 7,259            | \$    | 177,581.69   | \$ 24.46     | 19.204 | \$ 693.68   | \$  | 469.79   |
| PRESCRIPTION DRUGS         | 254            | 2,298            |       | 175,118.03   | 76.20        | 6.079  | 689.44      |     | 463.28   |
| SNF/ICF                    | 190            | 1,965            |       | 139,004.53   | 70.74        | 5.198  | 731.60      |     | 367.74   |
| OUTPATIENTS                | 68             | 333              |       | 36,113.50    | 108.45       | .881   | 531.08      |     | 95.54    |
| MEDICAL SUPPLIES           | 18             | 4,961            |       | 2,463.66     | .50          | 13.124 | 136.87      |     | 6.52     |
| @DENTIST                   | 21             | . 82             | \$    |              | \$ 33.95     | .217   | \$ 132.57   | \$  | 7.37     |
| VISITS - DIAGNOSTIC        | 19             | 50               | •     | 930.00       | 18.60        | .132   | 48.95       |     | 2.46     |
| ORAL SURGERY               | 5              | 22               |       | 850.00       | 38.64        | .058   | 170.00      |     | 2.25     |
| DRUGS                      | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
| ANESTHESIA                 | 0              | 0                |       | .00          | .00          | .000   | .00         |     | .00      |
|                            |                |                  |       |              |              |        |             |     |          |

| PERIODONTICS               | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
|----------------------------|----------------------|----------------|----------------------------|---------|--------------|---------|-------------|
| ENDODONTICS                | 1                    | 3              | 656.00                     | 218.67  | .008         | 656.00  | 1.74        |
| RESTORATIVE DENTISTRY      | 3                    | 7              | 348.00                     | 49.71   | .019         | 116.00  | .92         |
| PROSTHETICS                | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
| DENTURES, STAYPLATES       | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
| SPACE MAINTAINERS          | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
| MAXILLOFACIAL SERVICES     | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
| FRACTURES, DISLOCATIONS    | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
| ORTHODONTIC SERVICES       | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
| ALL OTHER SERVICES         | 0                    | 0              | .00                        | .00     | .000         | .00     | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT REPORT    | FOR JAN | 2004 THRU DI | EC 2004 | PAGE 10,766 |
| MOP024                     | FEE-FOR-SERVICE/DENT | AL             |                            |         |              |         | 03/14/05    |
| SACRAMENTO COUNTY          | SIIMMARY OF SERVICES | FOR MIA - SOC  | <ul> <li>ΤΟΤΔΙ.</li> </ul> |         |              |         |             |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| 378 ELIGIBLES   | SACRAMENTO COUNTT | SUMMARI OF SERV | VICES FOR  | MIA - SC | <i>-</i> | IOIAL        |        |            | M | $\cap$ NTIT | מססינת עדעי | CE  |          |
|---|-------------------|-----------------|------------|----------|----------|--------------|--------|------------|---|-------------|-------------|-----|----------|
| CONTINEMENT   B   | 270 FITCIBLES     | HCEDC           | IINITTO OF | CEDVICE  |          | EADEMDIMIDES | 7. 7.7 | EDACE COCH |   |             |             | .GE | COCH DED |
| GOPTOMETRIST  | 370 ELIGIBLES     | ONERS           |            | -        |          | EXFENDITORES |        |            |   |             |             |     |          |
| DIAGNOSTIC AND ANC. PROCED   9  | A ∩ DTOMETE I ST  | Ω               | OK DAIS    |          | Ċ        | 522 23       |        |            |   |             |             | Ċ   |          |
| EMB APPLIANCES 4 12 191,92 15.99 .032 47,98 51 OTHER OFFORMETRIC SERVICES 0 0 0 .00 \$ .00            |                   | -               |            |          | Y        |              | Y      |            |   | Y           |             | Ÿ   |          |
| OTHER OPTOMETRIC SERVICES   |                   | •               |            |          |          |              |        |            |   |             |             |     |          |
| ## CHIRDEPACTOR    Company  |                   |                 |            |          |          |              |        |            |   |             |             |     |          |
| VISITS  |                   | 0               |            |          | Ċ        |              | Ċ      |            |   | Ċ           |             | Ċ   |          |
| OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                   | 0               |            |          | Y        |              | Y      |            |   | Y           |             | Ÿ   |          |
| ## SPOIDATRIST ## STORESTYANES. ## 1  |                   | 0               |            | -        |          |              |        |            |   |             |             |     |          |
| MEDICINE/INJECTIONS   |                   | 2               |            | 2        | Ċ        |              | Ċ      |            |   | Ċ           |             | Ċ   |          |
| SURGERY/ANES.   1   |                   | 1               |            | 1        | Y        |              | Y      |            |   | Y           |             | Ÿ   |          |
| RADIO./PATHOLOGY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00   |                   | 1               |            |          |          |              |        |            |   |             |             |     |          |
| CHIER   |                   | 0               |            | _        |          |              |        |            |   |             |             |     |          |
| ### REALPH AGENCY 0 0 \$ .00 \$ |                   | 0               |            |          |          |              |        |            |   |             |             |     |          |
| NURSE ANESTHESIST 0 0 \$ \$ .00 |                   | 0               |            |          | Ġ        |              | Ś      |            |   | Ġ           |             | Ġ   |          |
| NURSE MIDWIFE 0 0 \$ .00 | -                 | •               |            |          |          |              | ¢      |            |   |             |             |     |          |
| PEDIATRIC NURSE PRACTITIONER   0   0   \$   .00   .00   .  |                   | •               |            |          | Š        |              |        |            |   |             |             |     |          |
| ## FRAILY NURSE PRACTITIONER  |                   | 0               |            |          | ¢        |              | ¢      |            |   |             |             |     |          |
| ### COLOR HOSPITAL   102  |                   | 3               |            |          | Š        |              | Ċ      |            |   |             |             |     |          |
| HOSP INPATIENT TOTAL  |                   |                 |            | _        | Š        |              | ¢      |            |   |             |             |     |          |
| HSC HOSPITALS         8         21         29,012.09         1381.53         .056         3626.51         76.75           NON-HSC HOSPITAL TOTAL         0         0         .00  |                   |                 |            |          | ۲        |              | ٧      |            |   | ٧           |             | Y   |          |
| NON-HSC HOSPITAL TOTAL         0         0         .00  |                   | 8               |            |          |          |              |        |            |   |             |             |     |          |
| ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                   | 0               |            |          |          | ,            |        |            |   |             |             |     |          |
| ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                   |                 |            |          |          |              |        |            |   |             |             |     |          |
| TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                   | 0               |            |          |          |              |        |            |   |             |             |     |          |
| ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                   | 0               |            |          |          |              |        |            |   |             |             |     |          |
| ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  |                   | •               |            |          |          |              |        |            |   |             |             |     |          |
| INPATIENT CROSSOVERS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0   |                   | 0               |            |          |          |              |        |            |   |             |             |     |          |
| ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                   | 0               |            | -        |          |              |        |            |   |             |             |     |          |
| HOSP OUTPATIENT TOTAL         96         592         12,439.19         21.01         1.566         129.57         32.91           MEDICAL         19         26         1,012.63         38.95         .069         53.30         2.68           SURGERY         9         11         1,036.45         94.22         .029         115.16         2.74           PATHOLOGY         61         356         3,391.75         9.53         .942         55.60         8.97           RADIOLOGY         29         40         2,549.44         63.74         .106         87.91         6.74           ROOM USE         43         73         2,846.98         39.00         .193         66.21         7.53           CROSSOVERS/ALL OTH OUTPTNT         33         86         1,601.94         18.63         .228         48.54         4.24           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         \$         .00           HSC HOSPITALS         0         0         .00         .00         .00         .00         .00         .00         .00           NON-HSC HOSPITALS         0         0         .00   |                   |                 |            | -        |          |              |        |            |   |             |             |     |          |
| MEDICAL         19         26         1,012.63         38.95         .069         53.30         2.68           SURGERY         9         11         1,036.45         94.22         .029         115.16         2.74           PATHOLOGY         61         356         3,391.75         9.53         .942         55.60         8.97           RADIOLOGY         29         40         2,549.44         63.74         .106         87.91         6.74           ROOM USE         43         73         2,846.98         39.00         .193         66.21         7.53           CROSSOVERS/ALL OTH OUTPTNT         33         86         1,601.94         18.63         .228         48.54         4.24           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         .00         .00         .00         .00           CO HOSPITAL INPATIENT TOTAL         0         0         .00         .00         .00         .00         .00         .00           HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00   |                   |                 |            |          |          |              |        |            |   |             |             |     |          |
| SURGERY         9         11         1,036.45         94.22         .029         115.16         2.74           PATHOLOGY         61         356         3,391.75         9.53         .942         55.60         8.97           RADIOLOGY         29         40         2,549.44         63.74         .106         87.91         6.74           ROOM USE         43         73         2,846.98         39.00         .193         66.21         7.53           CROSSOVERS/ALL OTH OUTPTNT         33         86         1,601.94         18.63         .228         48.54         4.24           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                   |                 |            |          |          | •            |        |            |   |             |             |     |          |
| PATHOLOGY 61 356 3,391.75 9.53 .942 55.60 8.97 RADIOLOGY 29 40 2,549.44 63.74 .106 87.91 6.74 ROOM USE 43 73 2,846.98 39.00 .193 66.21 7.53 CROSSOVERS/ALL OTH OUTPTNT 33 86 1,601.94 18.63 .228 48.54 4.24 @COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00   |                   |                 |            |          |          |              |        |            |   |             |             |     |          |
| RADIOLOGY 29 40 2,549.44 63.74 .106 87.91 6.74 ROOM USE 43 73 2,846.98 39.00 .193 66.21 7.53 CROSSOVERS/ALL OTH OUTPTNT 33 86 1,601.94 18.63 .228 48.54 4.24 (COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                   | -               |            |          |          | •            |        |            |   |             |             |     |          |
| ROOM USE       43       73       2,846.98       39.00       .193       66.21       7.53         CROSSOVERS/ALL OTH OUTPINT       33       86       1,601.94       18.63       .228       48.54       4.24         @COUNTY HOSPITAL TOTAL       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00   |                   |                 |            |          |          |              |        |            |   |             |             |     |          |
| CROSSOVERS/ALL OTH OUTPTNT       33       86       1,601.94       18.63       .228       48.54       4.24         @COUNTY HOSPITAL TOTAL       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00 <td></td>   |                   |                 |            |          |          |              |        |            |   |             |             |     |          |
| @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .0  |                   | 33              |            | 86       |          | -            |        |            |   |             |             |     |          |
| CO HOSPITAL INPATIENT TOTAL       0       0       .00   |                   |                 |            |          | Ś        | ,            | Ś      |            |   | Ś           |             | Ś   |          |
| HSC HOSPITALS       0       0       .00       .00       .00       .00       .00         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00   | •                 |                 |            | -        |          |              |        |            |   | '           |             |     |          |
| NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00   |                   | 0               |            | Ō        |          |              |        |            |   |             |             |     |          |
| ***************************************   |                   | 0               |            | 0        |          |              |        |            |   |             |             |     |          |
|   |                   | 0               |            | 0        |          |              |        |            |   |             |             |     |          |

| ADMINISTRATIVE DAYS        | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
|----------------------------|----------------------|-----------------|-------------------------|------------|--------------|------|-------------|
| TRANSITIONAL IP CARE       | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| ALL OTHER ACCOM            | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| ANCILLARIES                | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| INPATIENT CROSSOVERS       | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| ALL OTHER INPATIENT        | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| CO HOSP OUTPATIENT TOTAL   | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| MEDICAL                    | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| SURGERY                    | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| PATHOLOGY                  | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| RADIOLOGY                  | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| ROOM USE                   | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| CROSSOVERS/ALL OTH OUTPINT | 0                    | 0               | .00                     | .00        | .000         | .00  | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | ID EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN 20 | 004 THRU DEC | 2004 | PAGE 10,767 |
| MOP024                     | FEE-FOR-SERVICE/DENT | 'AL             |                         |            |              |      | 03/14/05    |
|                            |                      |                 |                         |            |              |      |             |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

| SACRAMENTO COUNTY           | SOMMANT OF SER | VICES FOR MIA         | 30C     | IOIAL        |          |                  | 7.47   | \ NTF | THLY AVERA             | CE.      |          |
|-----------------------------|----------------|-----------------------|---------|--------------|----------|------------------|--------|-------|------------------------|----------|----------|
| 270 ELICIDIES               | USERS          | UNITS OF SERVIC       | 177     | EXPENDITURES | 7\ 7.71. | ERAGE COST       |        |       | IHLI AVERA<br>COST PER | GE       | COST PER |
| 378 ELIGIBLES               | USEKS          |                       |         | EXPENDITORES |          |                  |        | 5     | USER                   |          | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 102            | OR DAYS OF CAR<br>613 | £<br>\$ | 41,451.28    | \$       | R UNIT/DAY 67.62 | 1.622  | ċ     |                        |          | 109.66   |
|                             |                |                       | Ą       |              |          |                  |        | Ą     |                        | ې        |          |
| COMM HOSP INPATIENT TOTAL   | 8              | 21                    |         | 29,012.09    |          | 1381.53          | .056   |       | 3626.51                |          | 76.75    |
| HSC HOSPITALS               | 8              | 21                    |         | 29,012.09    |          | 1381.53          | .056   |       | 3626.51                |          | 76.75    |
| NON-HSC HOSPITALS TOTAL     | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| ACCOMMODATIONS              | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| ADMINISTRATIVE DAYS         | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| TRANSITIONAL IP CARE        | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| ALL OTHER ACCOM             | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| ANCILLARIES                 | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| INPATIENT CROSSOVERS        | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| ALL OTHER INPATIENT         | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 96             | 592                   |         | 12,439.19    |          | 21.01            | 1.566  |       | 129.57                 |          | 32.91    |
| MEDICAL                     | 19             | 26                    |         | 1,012.63     |          | 38.95            | .069   |       | 53.30                  |          | 2.68     |
| SURGERY                     | 9              | 11                    |         | 1,036.45     |          | 94.22            | .029   |       | 115.16                 |          | 2.74     |
| PATHOLOGY                   | 61             | 356                   |         | 3,391.75     |          | 9.53             | .942   |       | 55.60                  |          | 8.97     |
| RADIOLOGY                   | 29             | 40                    |         | 2,549.44     |          | 63.74            | .106   |       | 87.91                  |          | 6.74     |
| ROOM USE                    | 43             | 73                    |         | 2,846.98     |          | 39.00            | .193   |       | 66.21                  |          | 7.53     |
| CROSSOVERS/ALL OTH OUTPINT  | 33             | 86                    |         | 1,601.94     |          | 18.63            | .228   |       | 48.54                  |          | 4.24     |
| @STATE HOSPITAL             | 0              | 0                     | \$      | .00          | \$       | .00              | .000   | \$    | .00                    | \$       | .00      |
| MENTALLY ILL                | 0              | 0                     |         | .00          | ·        | .00              | .000   |       | .00                    | •        | .00      |
| DEVELOP. DISABLED           | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| @NURSING FACILITY           | 142            | 5,928                 | \$      | 1,002,859.20 | \$       | 169.17           |        | \$    | 7062.39                | \$       | 2653.07  |
| LEV A-INTERMEDIATE          | 0              | 0,320                 | -       | .00          | 4        | .00              | .000   | т     | .00                    | -        | .00      |
| LEV B-REHAB MD              | 9              | 619                   |         | 76,784.08    |          | 124.05           | 1.638  |       | 8531.56                |          | 203.13   |
| LEV B-SUBACUTE FREESTANDING | 5              | 209                   |         | 76,510.38    |          | 366.08           | .553   |       | 15302.08               |          | 202.41   |
| LEV B-SUBACUTE HSPTL BASED  | 19             | 559                   |         | 318,150.88   |          | 569.14           | 1.479  |       | 16744.78               |          | 841.67   |
| LEV B-TRANSITIONAL IP CARE  | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| LEV B-REGULAR               | 109            | 4,541                 |         | 531,413.86   |          | 117.03           | 12.013 |       | 4875.36                |          | 1405.86  |
| @INTERMEDIATE CARE FACILDD  | 8              | 324                   | \$      |              | \$       |                  |        | Ċ     |                        | \$       | 137.17   |
| ICF DDH                     | 6              | 275                   | Ÿ       | 42,923.00    | Ÿ        | 156.08           | .728   | ٧     | 7153.83                | Y        | 113.55   |
| ICF DD                      | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| ICF DDN/DDCN                | 2              | 49                    |         | 8,927.72     |          | 182.20           | .130   |       | 4463.86                |          | 23.62    |
| @HEMODIALYSIS TOTAL         | 4              | 199                   | \$      | 15,708.76    | \$       | 78.94            | .526   | Ċ     | 3927.19                | Ċ        | 41.56    |
| •                           | 0              |                       | Ą       |              | Ą        |                  |        | Ą     |                        | Ą        |          |
| HOSPITAL BASED              | U              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |
| HEMODIALYSIS CENTER         | 4              | 199                   | Ċ       | 15,708.76    | Ċ        | 78.94            | .526   | Ċ     | 3927.19                | <u>_</u> | 41.56    |
| @REHABILITATION FACILITY    | 0              | 0                     | \$      | .00          | \$       | .00              |        | \$    | .00                    | \$       | .00      |
| HOSPITAL BASED              | 0              | 0                     |         | .00          |          | .00              | .000   |       | .00                    |          | .00      |

| INDEPENDENT FACILITY         | 0                    | 0            |             | .00      |        | .00     | .000      |      | .00       |      | .00        |
|------------------------------|----------------------|--------------|-------------|----------|--------|---------|-----------|------|-----------|------|------------|
| @LABORATORY FACILITY         | 45                   | 206          | \$          | 2,078.16 | \$     | 10.09   | .545      | \$   | 46.18     | \$   | 5.50       |
| PATHOLOGY                    | 45                   | 206          |             | 2,078.16 |        | 10.09   | .545      |      | 46.18     |      | 5.50       |
| XO AND OTHERS                | 0                    | 0            |             | .00      |        | .00     | .000      |      | .00       |      | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 19                   | 45           | \$          | 5,982.19 | \$     | 132.94  | .119      | \$   | 314.85    | \$   | 15.83      |
| CLINIC                       | 4                    | 6            |             | 207.01   |        | 34.50   | .016      |      | 51.75     |      | .55        |
| SURGICENTER                  | 0                    | 0            |             | .00      |        | .00     | .000      |      | .00       |      | .00        |
| HEROIN DETOX CLINIC          | 0                    | 0            |             | .00      |        | .00     | .000      |      | .00       |      | .00        |
| RURAL HEALTH CLINIC          | 15                   | 39           |             | 5,775.18 |        | 148.08  | .103      |      | 385.01    |      | 15.28      |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AN | D EXPENDITUR | ES MONTH-OF | -PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC  | 2004      | PF   | AGE 10,768 |
| MOP024                       | FEE-FOR-SERVICE/DENT | AL           |             |          |        |         |           |      |           |      | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES  | FOR MIA - S  | OC - TOTAL  |          |        |         |           |      |           |      |            |
|                              |                      |              |             |          |        |         |           | MONT | HLY AVERA | GE - |            |

|                                |       |                   |              |              | MO         | NIUTI AAFVA | .GE      |
|--------------------------------|-------|-------------------|--------------|--------------|------------|-------------|----------|
| 378 ELIGIBLES                  | USERS | UNITS OF SERVICE  | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                                |       | OR DAYS OF CARE   |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 71    | 1 <b>,</b> 656 \$ | 17,483.71    | \$ 10.56     | 4.381      | \$ 246.25   | \$ 46.25 |
| DURABLE MED. EQUIP.            | 11    | 176               | 7,023.52     | 39.91        | .466       | 638.50      | 18.58    |
| BLOOD BANK                     | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| HEARING AID DISPENSERS         | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| MEDICAL TRANSPORTATION         | 42    | 582               | 8,414.60     | 14.46        | 1.540      | 200.35      | 22.26    |
| AMBULANCES/AIR TRANS           | 37    | 535               | 6,414.63     | 11.99        | 1.415      | 173.37      | 16.97    |
| OTHER TRANS                    | 6     | 46                | 199.97       | 4.35         | .122       | 33.33       | .53      |
| OTHER SERVICES                 | 1     | 1                 | 1,800.00     | 1800.00      | .003       | 1800.00     | 4.76     |
| ACUPUNCTURE                    | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| GENETIC DISEASE TESTING        | 1     | 1                 | 105.00       | 105.00       | .003       | 105.00      | .28      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| OCCUPATIONAL THERAPIST         | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| OPTICIAN                       | 5     | 10                | 102.08       | 10.21        | .026       | 20.42       | .27      |
| PHYSICAL THERAPIST             | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| PORTABLE X-RAY                 | 11    | 29                | 750.31       | 25.87        | .077       | 68.21       | 1.98     |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| PROSTHETICS                    | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| ORTHOTICS                      | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| PSYCHOLOGIST                   | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| SPEECH AND AUDIOLOGY           | 1     | 2                 | 71.81        | 35.91        | .005       | 71.81       | .19      |
| HOSPICE SERVICES               | 1     | 4                 | 499.52       | 124.88       | .011       | 499.52      | 1.32     |
| NONINST BIRTHING CENTERS       | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| LOCAL EDUCATION AGENCIES       | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| RESPIRATORY CARE PRACT.        | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0                 | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER PROVIDERS            | 5     | 852               | 516.87       | .61          | 2.254      | 103.37      | 1.37     |
| @CALIF. CHILDREN SERVICES*     | 0     | 0 \$              | .00          | \$ .00       | .000       | \$ .00      | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**  | 9     | 5 \$              | 9,157.68     | \$ 1831.54   | .013       | \$ 1017.52  | \$ 24.23 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,769
MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

|                       |       |                  |    |              |      |          | MC         | NTHLY AVER | AGE |          |
|-----------------------|-------|------------------|----|--------------|------|----------|------------|------------|-----|----------|
| 00 ELIGIBLES          | USERS | UNITS OF SERVICE | Ε  | EXPENDITURES | AVER | AGE COST | UNITS/DAYS | COST PER   |     | COST PER |
|                       |       | OR DAYS OF CAR   | Ε  |              | PER  | UNIT/DAY | PER ELIG   | USER       |     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS | 0     | 0                | \$ | .00          | \$   | .00      | .000       | \$ .00     | \$  | .00      |
| @PHYSICIANS SERVICES  | 0     | 0                | \$ | .00          | \$   | .00      | .000       | \$ .00     | \$  | .00      |

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| OUTPATIENT VISITS          | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
|----------------------------|---|------|--------|-----|---------|--------|-----|
| OFFICE VISITS              | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| HOME VISITS                | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| EMERGENCY ROOM             | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PREVENTIVE CARE            | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OB VISITS/COMPRE PERI      | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OTHER OUTPATIENT           | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| INPATIENT VISITS           | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| HOSPITAL VISITS            | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| CRITICAL CARE              | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| SNF/ICF/TRANS IP CARE      | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OPHTHALMOLOGICAL SERVICES  | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| EXAMINATIONS               | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| SERVICES AND MATERIALS     | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| INPATIENT HOSPITAL SURGERY | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PRINCIPAL SURGEON          | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ASSISTANT SURGEON          | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ANESTHESIOLOGIST           | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OUTPATIENT SURGERY         | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PRINCIPAL SURGEON          | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ASSISTANT SURGEON          | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| ANESTHESIOLOGIST           | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| DIALYSIS                   | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PATHOLOGY                  | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| RADIOLOGY                  | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| PSYCHIATRY                 | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| IMMUNIZATION AND INJECTION | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OTHER SERVICES/ALL X-OVERS | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| @PHARMACY                  | 0 | 0 \$ | .00 \$ | .00 | .000 \$ | .00 \$ | .00 |
| PRESCRIPTION DRUGS         | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| SNF/ICF                    | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
| OUTPATIENTS                | 0 | 0    | .00    | .00 | .000    | .00    | .00 |
|                            |   |      |        |     |         |        |     |

| MEDICAL SUPPLIES           | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
|----------------------------|--------------------------|-------------|--------------------|------------|----------|-------------|-------------|-------------|
| @DENTIST                   | 0                        | 0 \$        | .00                | \$         | .00      | .000 \$     | .00         | \$ .00      |
| VISITS - DIAGNOSTIC        | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| ORAL SURGERY               | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| DRUGS                      | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| ANESTHESIA                 | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| PERIODONTICS               | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| ENDODONTICS                | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| RESTORATIVE DENTISTRY      | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| PROSTHETICS                | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| DENTURES, STAYPLATES       | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| SPACE MAINTAINERS          | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| MAXILLOFACIAL SERVICES     | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| FRACTURES, DISLOCATIONS    | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| ORTHODONTIC SERVICES       | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| ALL OTHER SERVICES         | 0                        | 0           | .00                |            | .00      | .000        | .00         | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EX | XPENDITURES | MONTH-OF-PAYMENT F | REPORT FOR | R JAN 20 | 004 THRU DE | C 2004      | PAGE 10,770 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL   |             |                    |            |          |             |             | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FOR  | FOR FUTUR   | E USE              |            |          |             |             |             |
|                            |                          |             |                    |            | _        | MON         | THIY AVERAG | F           |

|                              |       |                  |    |              |          |      | MO         | ONT | HLY AVERA | GΕ |          |
|------------------------------|-------|------------------|----|--------------|----------|------|------------|-----|-----------|----|----------|
| 00 ELIGIBLES                 | USERS | UNITS OF SERVICE | 3  | EXPENDITURES | AVERAGE  | COST | UNITS/DAY: | S   | COST PER  |    | COST PER |
|                              |       | OR DAYS OF CARE  | 3  |              | PER UNIT | /DAY | PER ELIG   |     | USER      |    | ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| EYE APPLIANCES               | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| @CHIROPRACTOR                | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| VISITS                       | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| OTHER SERVICES               | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| @PODIATRIST                  | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| MEDICINE/INJECTIONS          | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| SURGERY/ANES.                | 0     | 0                |    | .00          | •        | 00   | .000       |     | .00       |    | .00      |
| RADIO./PATHOLOGY             | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| OTHER                        | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| @HOME HEALTH AGENCY          | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| NURSE ANESTHESIST            | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| NURSE MIDWIFE                | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| @TOTAL HOSPITAL              | 0     | 0                | \$ | .00          | \$.      | 00   | .000       | \$  | .00       | \$ | .00      |
| HOSP INPATIENT TOTAL         | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| HSC HOSPITALS                | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| ACCOMMODATIONS               | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| ADMINISTRATIVE DAYS          | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| TRANSITIONAL IP CARE         | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| ALL OTHER ACCOM              | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| ANCILLARIES                  | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| INPATIENT CROSSOVERS         | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| ALL OTHER INPATIENT          | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| HOSP OUTPATIENT TOTAL        | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| MEDICAL                      | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| SURGERY                      | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| PATHOLOGY                    | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| RADIOLOGY                    | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |
| ROOM USE                     | 0     | 0                |    | .00          |          | 00   | .000       |     | .00       |    | .00      |

| CROSSOVERS/ALL OTH OUTPINT  | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
|-----------------------------|--------------------------|------------|-----------------------|--------------|-------------|---------|-------------|
| @COUNTY HOSPITAL TOTAL      | 0                        | 0 \$       | .00 \$                | .00          | .000        | \$ .00  | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| HSC HOSPITALS               | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| ACCOMMODATIONS              | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| ALL OTHER ACCOM             | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| ANCILLARIES                 | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| ALL OTHER INPATIENT         | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| MEDICAL                     | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| SURGERY                     | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| PATHOLOGY                   | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| RADIOLOGY                   | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| ROOM USE                    | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| CROSSOVERS/ALL OTH OUTPINT  | 0                        | 0          | .00                   | .00          | .000        | .00     | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | PENDITURES | MONTH-OF-PAYMENT REPO | RT FOR JAN 2 | 2004 THRU D | EC 2004 | PAGE 10,771 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |            |                       |              |             |         | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | FOR FUTURE | USE                   |              |             |         |             |
|                             |                          |            |                       |              |             |         |             |

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL \$ 0 0 .00 .00 .000 \$ .00 \$ .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 .00 .000 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 RADIOLOGY 0 ROOM USE .00 .00 .000 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 0 .00 \$ @STATE HOSPITAL .00 .00 .000 \$ .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 .00 .00 .000 \$ .00 \$ .00 @NURSING FACILITY 0 .00 .00 LEV A-INTERMEDIATE .00 .000 .00 LEV B-REHAB MD Ω .00 .00 .000 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 . 00 .00 .00 .000 .00 .00 LEV B-REGULAR 0 0 .00 .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .000 \$ .00 .00 0 0 .00 ICF DDH .00 .000 .00 ICF DD .00 .00 .000 .00 .00

| ICF DDN/DDCN                 | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
|------------------------------|----------------------|----------------|------------------|--------|--------------|------|----------|----|------------|
| @HEMODIALYSIS TOTAL          | 0                    | 0 \$           | .00              | ) \$   | .00          | .000 | \$ .00   | \$ | .00        |
| HOSPITAL BASED               | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| HEMODIALYSIS CENTER          | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| @REHABILITATION FACILITY     | 0                    | 0 \$           | .00              | ) \$   | .00          | .000 | \$ .00   | \$ | .00        |
| HOSPITAL BASED               | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| INDEPENDENT FACILITY         | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| @LABORATORY FACILITY         | 0                    | 0 \$           | .00              | ) \$   | .00          | .000 | \$ .00   | \$ | .00        |
| PATHOLOGY                    | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| XO AND OTHERS                | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 0                    | 0 \$           | .00              | ) \$   | .00          | .000 | \$ .00   | \$ | .00        |
| CLINIC                       | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| SURGICENTER                  | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| HEROIN DETOX CLINIC          | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| RURAL HEALTH CLINIC          | 0                    | 0              | .00              | )      | .00          | .000 | .00      |    | .00        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT | REPORT | FOR JAN 2004 | THRU | DEC 2004 | PF | AGE 10,772 |
| MOP024                       | FEE-FOR-SERVICE/DENT | AL             |                  |        |              |      |          |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES  | FOR FOR FUTUR  | RE USE           |        |              |      |          |    |            |

|                                  |                  |                |      |          |      |              |           | ONTINEE TIVELO | ш  |          |
|----------------------------------|------------------|----------------|------|----------|------|--------------|-----------|----------------|----|----------|
| 00 ELIGIBLES                     | USERS U          | NITS OF SERVIC | E    | EXPENDIT | URES | AVERAGE COST | UNITS/DAY | S COST PER     |    | COST PER |
|                                  |                  | OR DAYS OF CAR | E    |          |      | PER UNIT/DAY |           |                |    | ELIGIBLE |
| @ALL OTHER PROVIDERS             | 0                | 0              | \$   |          | .00  | \$ .00       | .000      | \$ .00         | \$ | .00      |
| DURABLE MED. EQUIP.              | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| BLOOD BANK                       | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| HEARING AID DISPENSERS           | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| MEDICAL TRANSPORTATION           | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| AMBULANCES/AIR TRANS             | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| OTHER TRANS                      | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| OTHER SERVICES                   | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| ACUPUNCTURE                      | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| ADULT DAY HEALTH CARE CTR        | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| GENETIC DISEASE TESTING          | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP   | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| OCCUPATIONAL THERAPIST           | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| OPTICIAN                         | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| PHYSICAL THERAPIST               | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| PORTABLE X-RAY                   | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| PROSTHETIST/ORTHOTISTS           | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| PROSTHETICS                      | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| ORTHOTICS                        | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| PSYCHOLOGIST                     | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| SPEECH AND AUDIOLOGY             | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| HOSPICE SERVICES                 | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| NONINST BIRTHING CENTERS         | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| LOCAL EDUCATION AGENCIES         | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| EPSDT SUPPLEMENTAL SERVICE       | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| RESPIRATORY CARE PRACT.          | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| PED SUBACUTE REHAB/WEANING       | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| ALL OTHER PROVIDERS              | 0                | 0              |      |          | .00  | .00          | .000      | .00            |    | .00      |
| @CALIF. CHILDREN SERVICES*       | 0                | 0              | \$   |          | .00  | \$ .00       | .000      | \$ .00         | \$ | .00      |
| @XOVER EXCLUDING STATE HOSP**    | 0                | 0              | \$   |          | .00  | \$ .00       | .000      | \$ .00         | \$ | .00      |
| A* TOTALS IN THESE LINES ARE CIT | JEN AS A SEDARAT | F THEORMATION  | ттгм | ONT.V.   |      |              |           |                |    |          |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

| SACRAMENTO COUNTY  | SUMMARY OF SER                       | VICES FOR MEDICALLY IN  | IDIGENT - ADULTS -                  | - TOTAL         |               |         |             |
|--|--------------------------------------|-------------------------|-------------------------------------|-----------------|---------------|---------|-------------|
| 2 (45 71 707777  |                                      |                         |                                     |                 | MONT          |         |             |
|  | USERS                                | UNITS OF SERVICE        | EXPENDITURES                        | AVERAGE COST    |               |         | COST PER    |
| @TOTAL, ALL PROVIDERS<br>@PHYSICIANS SERVICES  | 2 751                                | OR DAYS OF CARE         | 2 221 660 21                        | PER UNIT/DAY    |               | USER    | ELIGIBLE    |
| GTOTAL, ALL PROVIDERS  | 3,/31<br>1,007                       | 37,083 \$<br>6,662 \$   | 3,221,669.21                        |                 | 10.174 \$     |         |             |
| GPHISICIANS SERVICES   | 1,887                                |                         | 468,571.33                          |                 | 1.828 \$      |         |             |
| OUTPATIENT VISITS  | 1,089                                | 2,350                   | 108,469.66                          | 46.16           | .645          | 99.60   | 29.76       |
| OFFICE VISITS  | 366                                  | 453                     | 19,654.06                           | 43.39           | .124          | 53.70   | 5.39        |
| HOME VISITS  | 107                                  | 0                       | .00<br>13,791.54                    | .00             | .000          | .00     | .00         |
| EMERGENCY ROOM   | 1,089<br>366<br>0<br>197<br>1<br>585 | 227                     | 13,/91.54                           | 60.76           | .062          | 70.01   | 3.78        |
| PREVENTIVE CARE  | 1                                    | 1<br>1,617              | 34.69<br>73,786.68                  | 34.69           | .000          | 34.69   | .01         |
| OB VISITS/COMPRE PERI  | 585                                  | 1,61/                   | /3,/86.68                           | 45.63           | . 4 4 4       | 126.13  |             |
| OTHER OUTPATIENT   | 585<br>43<br>272<br>198<br>28<br>50  |                         | 1,202.69                            | 23.13           | .014          | 27.97   | .33         |
| INPATIENT VISITS   | 272                                  | 896                     | 72,329.74<br>17,672.09<br>50 211 87 | 80.73           | .246          | 265.92  | 19.84       |
| HOSPITAL VISITS  | 198                                  | 420                     | 17,672.09                           | 42.08           | .115          | 89.25   | 4.85        |
| CRITICAL CARE  | 28                                   | 340                     | 30/211.07                           | 147.68          | .093          | 1793.28 | 13.78       |
| SNF/ICF/TRANS IP CARE  | 50                                   | 136                     | 4,445.78                            | 32.69           | .037          | 88.92   | 1.22        |
| OPHTHALMOLOGICAL SERVICES  | 8                                    | 10                      | 327.38                              | 32.74           | .003          | 40.92   | .09         |
| EXAMINATIONS   | c                                    | 8                       | 287.38                              | 35.92           | .002          | 47.90   | .08         |
| SERVICES AND MATERIALS   | 2                                    | 2                       | 40.00                               | 20.00           | .001          | 20.00   | .01         |
| INPATIENT HOSPITAL SURGERY   | 2<br>300<br>197                      | 8<br>2<br>1,313<br>223  | 187,429.07<br>153,256.87            | 142.75          | .360          | 624.76  | 51.42       |
| PRINCIPAL SURGEON  | 197                                  | 223                     | 153 <b>,</b> 256.87                 | 687.25          | .061          | 777.95  | 42.05       |
| PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY   | 40                                   | 40<br>1,050             | 7,056.72                            | 176.42          | .011          | 176.42  | 1.94        |
| ANESTHESIOLOGIST   | 133                                  | 1,050                   | 27,115.48                           | 25.82           | .288          | 203.88  | 7.44        |
| OUTPATIENT SURGERY   | 162                                  | 328                     | 25,427.74                           | 77.52           | .090          | 156.96  | 6.98        |
| PRINCIPAL SURGEON  | 138                                  | 199<br>0                | 20,939.42                           | 105.22          | .055          | 151.73  | 5.74        |
| ASSISTANT SURGEON  | 0                                    |                         | .00                                 | .00             | .000          | .00     | .00         |
| ANESTHESIOLOGIST   | 53                                   | 129                     | 4,488.32                            | 34.79           | .035          | 84.69   | 1.23        |
| DIALYSIS   | 2                                    | 12                      | 1,637.63                            | 136.47          | .003          | 818.82  | .45         |
| PATHOLOGY  | 227                                  | 344                     | 5,788.74                            | 136.47<br>16.83 | .094          | 25.50   | 1.59        |
| RADIOLOGY  | 603                                  | 916                     | 53,358.49                           | 58.25           | .251          | 88.49   | 14.64       |
| PSYCHIATRY   | 0                                    | 916<br>0<br>195<br>298  | .00                                 | .00             | .000          | .00     | .00         |
| IMMUNIZATION AND INJECTION   | 81                                   | 195                     | 3,111.65                            | 15.96           | .053          | 38.42   | .85         |
| OTHER SERVICES/ALL X-OVERS   | 148                                  | 298                     | 10,691.23                           | 35.88           | .082          | 72.24   | 2.93        |
| @PHARMACY  | 1.186                                | 9,776 \$                | 235,740.51                          |                 | 2.682 \$      |         |             |
| PRESCRIPTION DRUGS   | 1,163                                | 4,331                   | 225,476.84                          | 52.06           | 1.188         | 193.88  | 61.86       |
| SNF/ICF  | 190                                  | 1,965                   | 139,004.53                          | 70.74           | .539          | 731.60  | 38.14       |
| OUTPATIENTS  | 977                                  | 2,366                   | 86,472.31                           | 36.55           | .649          | 88.51   | 23.72       |
| MEDICAL SUPPLIES   | 78                                   | 5,445                   | 10,263.67                           | 1.88            | 1.494         | 131.59  | 2.82        |
| @DENTIST   | 182                                  | 802 \$                  | 25,233.75                           |                 | .220 \$       |         |             |
| VISITS - DIACNOSTIC  | 146                                  | 533                     | 8,514.50                            | 15.97           | .146          | 58.32   | 2.34        |
| ODAI GUDCEDV   | 140                                  | 85                      | 4,334.00                            | 50.99           | .023          | 94.22   | 1.19        |
| DDIICG   | 40                                   | 0                       | .00                                 | .00             | .000          | .00     | .00         |
| AMEGHUEGTA   | 0                                    | 0<br>0<br>0<br>6        | .00                                 | .00             | .000          | .00     | .00         |
| ANESI DEDICO   | U                                    | 6                       | 379.00                              | 63.17           | .002          | 75.80   | .10         |
| PERIODONIICS   | 1.0                                  | 16                      | 4,278.00                            |                 | .002          | 427.80  | 1.17        |
| ENDODONTICS  | 10                                   | 145                     |                                     | 267.38<br>49.42 |               |         |             |
| RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS | 43                                   | 145                     | 7,166.25                            |                 | .040          | 166.66  | 1.97        |
| PRUSTHETIUS  | Ţ                                    | 1                       | 30.00                               | 30.00           | .000          | 30.00   | .01         |
| DENTUKES, STAYPLATES   | 3                                    | 12                      | 532.00                              | 44.33           | .003          | 177.33  | .15         |
| SPACE MAINTAINERS  | 0                                    | 0                       | .00                                 | .00             | .000          | .00     | .00         |
| MAXILLOFACIAL SERVICES   | Û                                    | 0                       | .00                                 | .00             | .000          | .00     | .00         |
| •  |                                      |                         | .00                                 | .00             | .000          | .00     | .00         |
| ORTHODONTIC SERVICES   | 0                                    | 0                       | .00                                 | .00             | .000          | .00     | .00         |
| ALL OTHER SERVICES   | 5                                    | 4                       | .00                                 | .00             | .001          | .00     | .00         |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVI                       | CES AND EXPENDITURES MC | N'I'H-OF-PAYMENT RE                 | EPORT FOR JAN 2 | 2004 THRU DEC | 2004    | PAGE 10,774 |

FEE-FOR-SERVICE/DENTAL

03/14/05

| DACKARBNIO COUNTI            | SOMMAN OF SERV | TCED FOR | пиртский       | IT TIAT | ) I OLIVI | АРОПІЗ  | 10. | IAL        |           |    |           |    |          |
|------------------------------|----------------|----------|----------------|---------|-----------|---------|-----|------------|-----------|----|-----------|----|----------|
|                              |                |          |                |         |           |         |     |            | M         |    | HLY AVERA | GΕ |          |
| 3,645 ELIGIBLES              | USERS          | UNITS OF | SERVICE        |         | EXPEN     | DITURES | AVI | ERAGE COST | UNITS/DAY | S  | COST PER  |    | COST PER |
|                              |                | OR DAYS  | OF CARE        |         |           |         | PEI | R UNIT/DAY | PER ELIG  |    | USER      |    | ELIGIBLE |
| @OPTOMETRIST                 | 41             |          | 127            | \$      | 2         | ,877.09 | \$  | 22.65      | .035      | \$ | 70.17     | \$ | .79      |
| DIAGNOSTIC AND ANC. PROCED   | 36             |          | 39             |         | 1         | ,587.13 |     | 40.70      | .011      |    | 44.09     |    | .44      |
| EYE APPLIANCES               | 30             |          | 87             |         | 1         | ,252.46 |     | 14.40      | .024      |    | 41.75     |    | .34      |
| OTHER OPTOMETRIC SERVICES    | 1              |          | 1              |         |           | 37.50   |     | 37.50      | .000      |    | 37.50     |    | .01      |
| @CHIROPRACTOR                | 0              |          | 0              | \$      |           | .00     | \$  | .00        | .000      | \$ | .00       | \$ | .00      |
| VISITS                       | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
| OTHER SERVICES               | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
| @PODIATRIST                  | 3              |          | 3              | \$      |           | 94.20   | \$  | 31.40      | .001      | \$ | 31.40     | \$ | .03      |
| MEDICINE/INJECTIONS          | 2              |          | 2              |         |           | 81.20   |     | 40.60      | .001      |    | 40.60     |    | .02      |
| SURGERY/ANES.                | 1              |          | 1              |         |           | 13.00   |     | 13.00      | .000      |    | 13.00     |    | .00      |
| RADIO./PATHOLOGY             | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
| OTHER                        | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
| @HOME HEALTH AGENCY          | 3              |          | 4              | \$      |           | 176.21  | \$  | 44.05      | .001      | \$ | 58.74     | \$ | .05      |
| NURSE ANESTHESIST            | 16             |          | 136            | \$      | 2         | ,437.80 | \$  | 17.93      | .037      | \$ | 152.36    | \$ | .67      |
| NURSE MIDWIFE                | 4              |          | 12             | \$      |           | 371.84  | \$  | 30.99      | .003      | \$ | 92.96     | \$ | .10      |
| PEDIATRIC NURSE PRACTITIONER | 0              |          | 0              | \$      |           | .00     | \$  | .00        | .000      | \$ | .00       | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 4              |          | 6              | \$      |           | 221.80  | \$  | 36.97      | .002      | \$ | 55.45     | \$ | .06      |
| @TOTAL HOSPITAL              | 1,078          | (        | 6 <b>,</b> 366 | \$      | 1,270     | ,152.58 | \$  | 199.52     | 1.747     | \$ | 1178.25   | \$ | 348.46   |
| HOSP INPATIENT TOTAL         | 226            |          | 856            |         | 1,166     | ,314.75 |     | 1362.52    | .235      |    | 5160.68   |    | 319.98   |
| HSC HOSPITALS                | 221            |          | 835            |         | 1,145     | ,369.19 |     | 1371.70    | .229      |    | 5182.67   |    | 314.23   |
| NON-HSC HOSPITAL TOTAL       | 5              |          | 21             |         | 20        | ,945.56 |     | 997.41     | .006      |    | 4189.11   |    | 5.75     |
| ACCOMMODATIONS               | 5              |          | 21             |         | 9         | ,558.41 |     | 455.16     | .006      |    | 1911.68   |    | 2.62     |
| ADMINISTRATIVE DAYS          | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
| TRANSITIONAL IP CARE         | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
| ALL OTHER ACCOM              | 5              |          | 21             |         | 9         | ,558.41 |     | 455.16     | .006      |    | 1911.68   |    | 2.62     |
| ANCILLARIES                  | 5              |          | 0              |         | 11        | ,387.15 |     | .00        | .000      |    | 2277.43   |    | 3.12     |
| INPATIENT CROSSOVERS         | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
| ALL OTHER INPATIENT          | 0              |          | 0              |         |           | .00     |     | .00        | .000      |    | .00       |    | .00      |
|                              |                |          |                |         |           |         |     |            |           |    |           |    |          |

| HOSP OUTPATIENT TOTAL       | 981                  | 5,510          |      | 103,837.83         |        | 18.85   | 1.512     |     | 105.85  |    | 28.49      |  |
|-----------------------------|----------------------|----------------|------|--------------------|--------|---------|-----------|-----|---------|----|------------|--|
| MEDICAL                     | 75                   | 96             |      | 3,730.59           |        | 38.86   | .026      |     | 49.74   |    | 1.02       |  |
| SURGERY                     | 94                   | 149            |      | 4,739.47           |        | 31.81   | .041      |     | 50.42   |    | 1.30       |  |
| PATHOLOGY                   | 469                  | 2,143          |      | 24,898.70          |        | 11.62   | .588      |     | 53.09   |    | 6.83       |  |
| RADIOLOGY                   | 198                  | 233            |      | 15,980.10          |        | 68.58   | .064      |     | 80.71   |    | 4.38       |  |
| ROOM USE                    | 510                  | 726            |      | 27,719.90          |        | 38.18   | .199      |     | 54.35   |    | 7.60       |  |
| CROSSOVERS/ALL OTH OUTPTNT  | 520                  | 2,163          |      | 26,769.07          |        | 12.38   | .593      |     | 51.48   |    | 7.34       |  |
| @COUNTY HOSPITAL TOTAL      | 20                   | 171            | \$   | 41,139.29          | \$     | 240.58  | .047      | \$  | 2056.96 | \$ | 11.29      |  |
| CO HOSPITAL INPATIENT TOTAL | 4                    | 34             |      | 37,400.00          | 1      | 100.00  | .009      |     | 9350.00 |    | 10.26      |  |
| HSC HOSPITALS               | 4                    | 34             |      | 37,400.00          | 1      | 100.00  | .009      |     | 9350.00 |    | 10.26      |  |
| NON-HSC HOSPITALS TOTAL     | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| ACCOMMODATIONS              | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| ADMINISTRATIVE DAYS         | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| TRANSITIONAL IP CARE        | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| ALL OTHER ACCOM             | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| ANCILLARIES                 | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| INPATIENT CROSSOVERS        | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| ALL OTHER INPATIENT         | 0                    | 0              |      | .00                |        | .00     | .000      |     | .00     |    | .00        |  |
| CO HOSP OUTPATIENT TOTAL    | 19                   | 137            |      | 3,739.29           |        | 27.29   | .038      |     | 196.80  |    | 1.03       |  |
| MEDICAL                     | 1                    | 2              |      | 164.87             |        | 82.44   | .001      |     | 164.87  |    | .05        |  |
| SURGERY                     | 6                    | 10             |      | 302.04             |        | 30.20   | .003      |     | 50.34   |    | .08        |  |
| PATHOLOGY                   | 10                   | 64             |      | 1,023.48           |        | 15.99   | .018      |     | 102.35  |    | .28        |  |
| RADIOLOGY                   | 1                    | 1              |      | 283.82             |        | 283.82  | .000      |     | 283.82  |    | .08        |  |
| ROOM USE                    | 10                   | 27             |      | 1,562.12           |        | 57.86   | .007      |     | 156.21  |    | .43        |  |
| CROSSOVERS/ALL OTH OUTPTNT  | 14                   | 33             |      | 402.96             |        | 12.21   | .009      |     | 28.78   |    | .11        |  |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AN | ND EXPENDITURE | ES M | ONTH-OF-PAYMENT RE | EPORT  | FOR JAN | 2004 THRU | DEC | 2004    | PI | AGE 10,775 |  |
| MOP024                      | FEE-FOR-SERVICE/DEN  | ΓAL            |      |                    |        |         |           |     |         |    | 03/14/05   |  |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES  | FOR MEDICALI   | LY I | NDIGENT - ADULTS - | - TOTA | ΔL      |           |     |         |    |            |  |

| SACIARIBITO COUNTI          | DOMMANT OF DER | VICES FOR MEDICAL | тшт | TINDIGHNI | дроціо            | 1017 |          |          |     |            |    |          |
|-----------------------------|----------------|-------------------|-----|-----------|-------------------|------|----------|----------|-----|------------|----|----------|
|                             |                |                   |     |           |                   |      |          | I        |     | THLY AVERA | -  |          |
| 3,645 ELIGIBLES             | USERS          | UNITS OF SERVICE  |     | EXPE      | NDITURES          | AVEF | AGE COST | UNITS/DA | ZS. | COST PER   |    | COST PER |
|                             |                | OR DAYS OF CAR    | Ε   |           |                   |      | UNIT/DAY | PER ELI  | 3   | USER       |    | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 1,058          | 6 <b>,</b> 195    | \$  | 1,22      | 9,013.29          | \$   | 198.39   | 1.700    | \$  | 1161.64    | \$ | 337.18   |
| COMM HOSP INPATIENT TOTAL   | 222            | 822               |     | 1,12      | 8,914.75          | 1    | 373.38   | .226     |     | 5085.20    |    | 309.72   |
| HSC HOSPITALS               | 217            | 801               |     | 1,10      | 7,969.19          | 1    | 383.23   | .220     |     | 5105.85    |    | 303.97   |
| NON-HSC HOSPITALS TOTAL     | 5              | 21                |     | 2         | 0,945.56          |      | 997.41   | .006     |     | 4189.11    |    | 5.75     |
| ACCOMMODATIONS              | 5              | 21                |     |           | 9,558.41          |      | 455.16   | .006     |     | 1911.68    |    | 2.62     |
| ADMINISTRATIVE DAYS         | 0              | 0                 |     |           | .00               |      | .00      | .000     |     | .00        |    | .00      |
| TRANSITIONAL IP CARE        | 0              | 0                 |     |           | .00               |      | .00      | .000     |     | .00        |    | .00      |
| ALL OTHER ACCOM             | 5              | 21                |     |           | 9,558.41          |      | 455.16   | .006     |     | 1911.68    |    | 2.62     |
| ANCILLARIES                 | 5              | 0                 |     | 1         | 1,387.15          |      | .00      | .000     |     | 2277.43    |    | 3.12     |
| INPATIENT CROSSOVERS        | 0              | 0                 |     |           | .00               |      | .00      | .000     |     | .00        |    | .00      |
| ALL OTHER INPATIENT         | 0              | 0                 |     |           | .00               |      | .00      | .000     |     | .00        |    | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 962            | 5 <b>,</b> 373    |     | 10        | 0,098.54          |      | 18.63    | 1.474    |     | 104.05     |    | 27.46    |
| MEDICAL                     | 74             | 94                |     |           | 3,565.72          |      | 37.93    | .026     |     | 48.19      |    | .98      |
| SURGERY                     | 88             | 139               |     |           | 4,437.43          |      | 31.92    | .038     |     | 50.43      |    | 1.22     |
| PATHOLOGY                   | 459            | 2,079             |     | 2         | 3,875.22          |      | 11.48    | .570     |     | 52.02      |    | 6.55     |
| RADIOLOGY                   | 197            | 232               |     | 1         | 5,696.28          |      | 67.66    | .064     |     | 79.68      |    | 4.31     |
| ROOM USE                    | 500            | 699               |     | 2         | 6 <b>,</b> 157.78 |      | 37.42    | .192     |     | 52.32      |    | 7.18     |
| CROSSOVERS/ALL OTH OUTPTNT  | 506            | 2,130             |     | 2         | 6,366.11          |      | 12.38    | .584     |     | 52.11      |    | 7.23     |
| @STATE HOSPITAL             | 0              | 0                 | \$  |           | .00               | \$   | .00      | .000     | \$  | .00        | \$ | .00      |
| MENTALLY ILL                | 0              | 0                 |     |           | .00               |      | .00      | .000     |     | .00        |    | .00      |
| DEVELOP. DISABLED           | 0              | 0                 |     |           | .00               |      | .00      | .000     |     | .00        |    | .00      |
| @NURSING FACILITY           | 143            | 5 <b>,</b> 928    | \$  | 1,00      | 2,859.20          | \$   | 169.17   | 1.626    | \$  | 7013.00    | \$ | 275.13   |
| LEV A-INTERMEDIATE          | 0              | 0                 |     |           | .00               |      | .00      | .000     |     | .00        |    | .00      |
| LEV B-REHAB MD              | 9              | 619               |     | 7         | 6,784.08          |      | 124.05   | .170     |     | 8531.56    |    | 21.07    |
| LEV B-SUBACUTE FREESTANDING | 5              | 209               |     | 7         | 6,510.38          |      | 366.08   | .057     |     | 15302.08   |    | 20.99    |
|                             |                |                   |     |           |                   |      |          |          |     |            |    |          |

| LEV B-SUBACUTE HSPTL BASED   | 19                    | 559      |        | 318,150.88          |       | 569.14    | .153      |     | 16744.78 |    | 87.28      |
|------------------------------|-----------------------|----------|--------|---------------------|-------|-----------|-----------|-----|----------|----|------------|
| LEV B-TRANSITIONAL IP CARE   | 0                     | 0        |        | .00                 |       | .00       | .000      |     | .00      |    | .00        |
| LEV B-REGULAR                | 110                   | 4,541    |        | 531,413.86          |       | 117.03    | 1.246     |     | 4831.04  |    | 145.79     |
| @INTERMEDIATE CARE FACILDD   | 8                     | 324      | \$     | 51,850.72           | \$    | 160.03    | .089      | \$  | 6481.34  | \$ | 14.23      |
| ICF DDH                      | 6                     | 275      |        | 42,923.00           |       | 156.08    | .075      |     | 7153.83  |    | 11.78      |
| ICF DD                       | 0                     | 0        |        | .00                 |       | .00       | .000      |     | .00      |    | .00        |
| ICF DDN/DDCN                 | 2                     | 49       |        | 8,927.72            |       | 182.20    | .013      |     | 4463.86  |    | 2.45       |
| @HEMODIALYSIS TOTAL          | 4                     | 199      | \$     | 15,708.76           | \$    | 78.94     | .055      | \$  | 3927.19  | \$ | 4.31       |
| HOSPITAL BASED               | 0                     | 0        |        | .00                 |       | .00       | .000      |     | .00      |    | .00        |
| HEMODIALYSIS CENTER          | 4                     | 199      |        | 15,708.76           |       | 78.94     | .055      |     | 3927.19  |    | 4.31       |
| @REHABILITATION FACILITY     | 1                     | 15       | \$     | 301.92              | \$    | 20.13     | .004      | \$  | 301.92   | \$ | .08        |
| HOSPITAL BASED               | 1                     | 15       |        | 301.92              |       | 20.13     | .004      |     | 301.92   |    | .08        |
| INDEPENDENT FACILITY         | 0                     | 0        |        | .00                 |       | .00       | .000      |     | .00      |    | .00        |
| @LABORATORY FACILITY         | 873                   | 2,604    | \$     | 34,996.45           | \$    | 13.44     | .714      | \$  | 40.09    | \$ | 9.60       |
| PATHOLOGY                    | 872                   | 2,603    |        | 34,986.95           |       | 13.44     | .714      |     | 40.12    |    | 9.60       |
| XO AND OTHERS                | 1                     | 1        |        | 9.50                |       | 9.50      | .000      |     | 9.50     |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 446                   | 2,030    | \$     | 72,152.44           | \$    | 35.54     | .557      | \$  | 161.78   | \$ | 19.79      |
| CLINIC                       | 410                   | 1,929    |        | 62,035.93           |       | 32.16     | .529      |     | 151.31   |    | 17.02      |
| SURGICENTER                  | 9                     | 42       |        | 1,218.71            |       | 29.02     | .012      |     | 135.41   |    | .33        |
| HEROIN DETOX CLINIC          | 0                     | 0        |        | .00                 |       | .00       | .000      |     | .00      |    | .00        |
| RURAL HEALTH CLINIC          | 27                    | 59       |        | 8,897.80            |       | 150.81    | .016      |     | 329.55   |    | 2.44       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND | EXPENDIT | JRES 1 | MONTH-OF-PAYMENT RI | EPOR' | r for Jan | 2004 THRU | DEC | 2004     | PA | AGE 10,776 |
| MOP024                       | FEE-FOR-SERVICE/DENTA | L        |        |                     |       |           |           |     |          |    | 03/14/05   |

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

SACRAMENTO COUNTY

----- MONTHLY AVERAGE -----3,645 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,089 .573 \$ 132.13 \$ @ALL OTHER PROVIDERS 287 37,922.61 18.15 10.40 14 183 42.08 550.10 DURABLE MED. EQUIP. 7,701.34 .050 2.11 .00 BLOOD BANK 0 0 .00 .00 .000 .00 1 25.00 25.00 HEARING AID DISPENSERS 25.00 .000 .01 157.65 MEDICAL TRANSPORTATION 783 12,611.93 16.11 .215 75 735 AMBULANCES/AIR TRANS 10,602.08 14.42 .202 141.36 2.91 OTHER TRANS 46 199.97 4.35 .013 33.33 .05 1,809.88 904.94 904.94 .001 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .000 .00 140 141 14,805.00 105.00 .039 105.75 GENETIC DISEASE TESTING 4.06 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 777.94 8.55 .025 18.97 OPTICIAN PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 11 29 25.87 PORTABLE X-RAY 750.31 .008 68.21 .21 144.48 144.48 PROSTHETIST/ORTHOTISTS 144.48 .000 PROSTHETICS 144.48 144.48 .000 144.48 .04 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST 71.81 SPEECH AND AUDIOLOGY 35.91 .001 71.81 .02 HOSPICE SERVICES 499.52 124.88 499.52 .001 .14 .00 NONINST BIRTHING CENTERS .00 .00 .000 10.40 10.40 10.40 LOCAL EDUCATION AGENCIES .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 . 00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. 0 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 853 524.88 .62 .234 ALL OTHER PROVIDERS 87.48 .14 @CALIF. CHILDREN SERVICES\* 1,216 378,158.59 \$ 310.99 .334 \$ 12605.29 \$ 103.75

@XOVER EXCLUDING STATE HOSP\*\* 9 5 \$ 9,157.68 \$ 1831.54 .001 \$ 1017.52 \$ 2.51

03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,777 MOP024 FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL AGED

| SACRAMENTO COUNTY                         | SUMMARI OF SER       | VICES FOR ALL AGED |                         |              | MONT      | UIII X   A I I I I I A | C.E.     |
|---|----------------------|--------------------|-------------------------|--------------|-----------|------------------------|----------|
| 196,529 ELIGIBLES                         | USERS                | UNITS OF SERVICE   | EXPENDITURES            | AVERAGE COST |           |                        | COST PER |
| 190,329 ELIGIBLES                         | OSEKS                | OR DAYS OF CARE    | EXPENDITORES            | PER UNIT/DAY |           | USER                   | ELIGIBLE |
| @TOTAL, ALL PROVIDERS                     | 156,591              |                    | 127,889,023.65          | \$ 12.69     | 51.270 \$ |                        |          |
|   | 34,530               |                    | 2,735,984.55            | \$ 26.02     | .535 \$   |                        |          |
| @PHYSICIANS SERVICES<br>OUTPATIENT VISITS | 8,974                | 12,368             | 414,450.47              | 33.51        | .063      | 46.18                  | 2.11     |
|   |                      |                    |                         | 30.64        | .057      | 41.59                  | 1.74     |
| OFFICE VISITS                             | 8,223                | 11,159             | 341,967.18<br>76.80     | 38.40        | .000      | 38.40                  | .00      |
| HOME VISITS<br>EMERGENCY ROOM             | 2<br>767             | 2<br>844           | 63,595.92               | 75.35        | .004      | 82.92                  | .32      |
| PREVENTIVE CARE                           | 0                    | 0                  | .00                     | .00          | .004      | .00                    | .00      |
| OB VISITS/COMPRE PERI                     | 0                    | 0                  | .00                     | .00          | .000      | .00                    | .00      |
| OTHER OUTPATIENT                          | 288                  | 363                | 8,810.57                | 24.27        | .002      | 30.59                  | .04      |
|   | 812                  |                    | 158,166.87              | 43.56        |           |                        | .80      |
| INPATIENT VISITS                          |                      | 3,631              |                         | 42.75        | .018      | 194.79                 | .80      |
| HOSPITAL VISITS                           | 663<br>40            | 3,238              | 138,411.83<br>11,379.58 |              | .016      | 208.77                 |          |
| CRITICAL CARE                             |                      | 104                |                         | 109.42       | .001      | 284.49                 | .06      |
| SNF/ICF/TRANS IP CARE                     | 163                  | 289                | 8,375.46                | 28.98        | .001      | 51.38                  | .04      |
| OPHTHALMOLOGICAL SERVICES                 | 664                  | 872                | 32,345.40               | 37.09        | .004      | 48.71                  | .16      |
| EXAMINATIONS                              | 642                  | 846                | 31,708.07               | 37.48        | .004      | 49.39                  | .16      |
| SERVICES AND MATERIALS                    | 26                   | 26                 | 637.33                  | 24.51        | .000      | 24.51                  | .00      |
| INPATIENT HOSPITAL SURGERY                | 329                  | 1,758              | 184,526.62              | 104.96       | .009      | 560.87                 | .94      |
| PRINCIPAL SURGEON                         | 247                  | 392                | 142,835.96              | 364.38       | .002      | 578.28                 | .73      |
| ASSISTANT SURGEON                         | 44                   | 45                 | 10,692.49               | 237.61       | .000      | 243.01                 | .05      |
| ANESTHESIOLOGIST                          | 112                  | 1,321              | 30,998.17               | 23.47        | .007      | 276.77                 | .16      |
| OUTPATIENT SURGERY                        | 918                  | 2,125              | 301,249.61              | 141.76       | .011      | 328.16                 | 1.53     |
| PRINCIPAL SURGEON                         | 775                  | 1,026              | 267,288.38              | 260.51       | .005      | 344.89                 | 1.36     |
| ASSISTANT SURGEON                         | 11                   | 11                 | 1,927.04                | 175.19       | .000      | 175.19                 | .01      |
| ANESTHESIOLOGIST                          | 236                  | 1,088              | 32,034.19               | 29.44        | .006      | 135.74                 | .16      |
| DIALYSIS                                  | 97<br>1 <b>,</b> 399 | 521                | 30,580.64               | 58.70        | .003      | 315.26                 | .16      |
| PATHOLOGY                                 | 1,399                | 2,843              | 25,988.54               | 9.14         | .014      | 18.58                  | .13      |
| RADIOLOGY                                 | 2,927                | 6,233              | 349,042.87              | 56.00        | .032      | 119.25                 | 1.78     |
| PSYCHIATRY                                | 0                    | 0                  | .00                     | .00          | .000      | .00                    | .00      |
| IMMUNIZATION AND INJECTION                | 468                  | 3,082              | 82,441.89               | 26.75        | .016      | 176.16                 | .42      |
| OTHER SERVICES/ALL X-OVERS                | 25,203               | 71,732             | 1,157,191.64            | 16.13        | .365      | 45.91                  | 5.89     |
| @PHARMACY                                 | 128,029              | 4,393,667 \$       | 35,515,819.80           | \$ 8.08      | 22.356 \$ |                        |          |
| PRESCRIPTION DRUGS                        | 125,705              | 589,251            | 34,228,334.17           | 58.09        | 2.998     | 272.29                 | 174.16   |
| SNF/ICF                                   | 19,704               | 140,115            | 7,143,458.13            | 50.98        | .713      | 362.54                 | 36.35    |
| OUTPATIENTS                               | 107,149              | 449,136            | 27,084,876.04           | 60.30        | 2.285     | 252.78                 | 137.82   |
| MEDICAL SUPPLIES                          | 12,637               | 3,804,416          | 1,287,485.63            | .34          | 19.358    | 101.88                 | 6.55     |
| @DENTIST                                  | 8,665                | 35,131 \$          | 1,592,039.36            | \$ 45.32     | .179 \$   |                        |          |
| VISITS - DIAGNOSTIC                       | 5,693                | 21,493             | 271,645.16              | 12.64        | .109      | 47.72                  | 1.38     |
| ORAL SURGERY                              | 1,532                | 4,233              | 198,905.90              | 46.99        | .022      | 129.83                 | 1.01     |
| DRUGS                                     | 8                    | 8                  | 165.00                  | 20.63        | .000      | 20.63                  | .00      |
| ANESTHESIA                                | 4                    | 5                  | 300.00                  | 60.00        | .000      | 75.00                  | .00      |
| PERIODONTICS                              | 457                  | 470                | 54,477.60               | 115.91       | .002      | 119.21                 | .28      |
| ENDODONTICS                               | 298                  | 424                | 97,024.00               | 228.83       | .002      | 325.58                 | .49      |
| RESTORATIVE DENTISTRY                     | 1,237                | 2,801              | 208,616.25              | 74.48        | .014      | 168.65                 | 1.06     |
| PROSTHETICS                               | 117                  | 128                | 3,912.00                | 30.56        | .001      | 33.44                  | .02      |
| DENTURES, STAYPLATES                      | 2,018                | 5,337              | 755,373.45              | 141.54       | .027      | 374.32                 | 3.84     |
| SPACE MAINTAINERS                         | 0                    | 0                  | .00                     | .00          | .000      | .00                    | .00      |

| MAXILLOFACIAL SERVICES     | 0                     | Ω                | .00                     | .00     | .000          | .00     | .00         |
|----------------------------|-----------------------|------------------|-------------------------|---------|---------------|---------|-------------|
| FRACTURES, DISLOCATIONS    | 1                     | 2                | 1,350.00                | 675.00  | .000          | 1350.00 | .01         |
| •                          | Δ.                    | ۷                | 1,330.00                |         |               | 1330.00 |             |
| ORTHODONTIC SERVICES       | 0                     | 0                | .00                     | .00     | .000          | .00     | .00         |
| ALL OTHER SERVICES         | 143                   | 230              | 270.00                  | 1.17    | .001          | 1.89    | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES     | AND EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU DEC | 2004    | PAGE 10,778 |
| MOP024                     | FEE-FOR-SERVICE/DE    | ENTAL            |                         |         |               |         | 03/14/05    |
| CA CDANTHO CONTINUE        | CINCIA DII CE CEDITEC | 10 000 311 3000  |                         |         |               |         |             |

| SACRAMENTO COUNTY              | SUMMARY OF SER                       | VICES FOR ALL AGE                   | D        |  |          |  |          |          |                          |          | 03/11/00   |
|--------------------------------|--------------------------------------|-------------------------------------|----------|--|----------|--|----------|----------|--------------------------|----------|------------|
|                                |                                      |                                     |          |  |          |  | MO       | TNC      | HLY AVERA                | GE       |            |
| 196,529 ELIGIBLES              | USERS                                | UNITS OF SERVICE                    |          | EXPENDITURES                             | AV       | ERAGE COST   |          |          |                          |          | COST PER   |
|                                |                                      | OR DAYS OF CARE                     |          |  | PΕ       | R UNIT/DAY   | PER ELIG |          | USER                     |          | ELIGIBLE   |
| @OPTOMETRIST                   | 3,254                                | 9,756                               | \$       | 192,793.08                               | \$       |  | .050     | \$       |                          | \$       | .98        |
| DIAGNOSTIC AND ANC. PROCED     | 1,116                                | 1,202                               |          | 44,598.51                                |          | 37.10  | .006     |          | 39.96                    |          | .23        |
| EYE APPLIANCES                 | 2,604                                | 8,210                               |          | 136,943.48                               |          | 16.68<br>32.71   | .042     |          | 52.59                    |          | .70        |
| OTHER OPTOMETRIC SERVICES      |                                      | 344                                 |          | 11,251.09                                |          | 32.71  | .002     |          | 41.98                    |          | .06        |
| @CHIROPRACTOR                  | 19                                   | 35                                  | \$       |  | \$       | 14.37  | .000     | \$       |                          | \$       | .00        |
| VISITS                         | 14                                   | 22                                  |          | 351.12                                   |          | 15.96  | .000     |          | 25.08                    |          | .00        |
| OTHER SERVICES                 | 5                                    | 13                                  |          | 151.92                                   |          | 11.69  | .000     |          | 30.38                    |          | .00        |
| @PODIATRIST                    | 4,351                                | 6,225                               | \$       | 62,392.51                                | \$       |  | .032     | \$       | 14.34                    | \$       | .32        |
| MEDICINE/INJECTIONS            | 195<br>16<br>3<br>4,157<br>145<br>76 | 206                                 |          | 6,700.46                                 |          | 32.53  | .001     |          | 34.36                    |          | .03        |
| SURGERY/ANES.                  | 16                                   | 18                                  |          | 511.62                                   |          | 28.42  | .000     |          | 31.98                    |          | .00        |
| RADIO./PATHOLOGY               | 3                                    | 5                                   |          | 86.50                                    |          | 17.30  | .000     |          | 28.83                    |          | .00        |
| OTHER                          | 4,157                                | 5,996                               |          | 55,093.93                                |          | 9.19   | .031     |          | 13.25                    |          | .28        |
| @HOME HEALTH AGENCY            | 145                                  | 895                                 | \$       |  | \$       | 69.47  | .005     |          | 428.77                   |          | .32        |
| NURSE ANESTHESIST              | 76                                   | 530                                 | \$       |  | \$       | 4.58   | .003     |          | 31.93                    | \$       | .01        |
| NORSE MIDWIFE                  | 1                                    | 1                                   | \$       |  | \$       | 7.22   | .000     |          | 7.22                     |          | .00        |
| PEDIATRIC NURSE PRACTITIONER   | . 1                                  | 1<br>65<br>65,520<br>6,588<br>6,302 | \$       | 27.50<br>1,815.29<br>9 119 732 43        | \$       | 27.50  | .000     | \$       | 27.50                    |          | .00        |
| FAMILY NURSE PRACTITIONER      | . 1<br>24                            | 65                                  | \$       | 1,815.29<br>9,119,732.43<br>8,065,667.22 | \$       | 27.93  | .000     |          | 75.64                    |          | .01        |
| @TOTAL HOSPITAL                | 9,580<br>1,738                       | 65 <b>,</b> 520                     | \$       |  |          |  | • 555    | \$       | 951.96                   | \$       |            |
| HOSP INPATIENT TOTAL           | 1,738                                | 6 <b>,</b> 588                      |          | 8,065,667.22                             |          | 1224.30  | .034     |          | 4640.78                  |          | 41.04      |
| HSC HOSPITALS                  | 1,131<br>62                          | 6,302                               |          | 7,312,183.99                             |          | 1160.30  | .032     |          | 6465.24                  |          | 37.21      |
| NON-HSC HOSPITAL TOTAL         | 62                                   | 200                                 |          | 271,275.20                               |          | 1224.30<br>1160.30<br>948.51                               | .001     |          | 4375.41                  |          | 1.38       |
| ACCOMMODATIONS                 | 62                                   | 286                                 |          | 98 <b>,</b> 252.82                       |          | 343.54   | .001     |          | 1584.72<br>160.24C       |          | .50        |
| ADMINISTRATIVE DAYS            | 4<br>0<br>58<br>61                   | 12                                  |          | 640.94CH                                 | R        | 53.41CR  | .000     |          | 160.24C                  | R        | .00        |
| TRANSITIONAL IP CARE           | 0                                    | 0                                   |          | .00                                      |          | .00  | .000     |          | .00                      |          | .00        |
| ALL OTHER ACCOM                | 58                                   | 274                                 |          | 98,893.76                                |          | 360.93   | .001     |          | 1705.06                  |          | .50        |
| ANCILLARIES                    | 61                                   | 0                                   |          | 173,022.38                               |          | .00  | .000     |          | 2836.43                  |          | .88        |
| INPATIENT CROSSOVERS           | 575                                  | 0                                   |          | 482,208.03                               |          | .00  | .000     |          | 838.62                   |          | 2.45       |
| ALL OTHER INPATIENT            | 0                                    | 0                                   |          | .00                                      |          | .00  | .000     |          | .00                      |          | .00        |
|                                | 8,104                                | 58,932                              |          | 1,054,065.21                             |          | 17.89  | .300     |          | 130.07                   |          | 5.36       |
| MEDICAL                        | 688                                  | 1,035                               |          | 41,945.52                                |          | 40.53  | .005     |          | 60.97                    |          | .21        |
| SURGERY                        | 226                                  | 239                                 |          | 19,964.03                                |          | 83.53  | .001     |          | 130.07<br>60.97<br>88.34 |          | .10        |
| PATHOLOGY                      | 1,115                                | 6,558                               |          | 55,494.16                                |          | 8.46   | .033     |          | 49.77                    |          | .28        |
| RADIOLOGY                      | 729                                  | 1,140                               |          | 97,466.83                                |          | 17.89<br>40.53<br>83.53<br>8.46<br>85.50<br>43.49<br>15.89 | .006     |          | 133.70                   |          | .50        |
| ROOM USE                       | 1,160                                | 1,651                               |          | 71,800.78                                |          | 43.49  | .008     |          | 61.90                    |          | .37        |
| CROSSOVERS/ALL OTH OUTPINT     | 6,59/                                | 48,309                              | <u> </u> | 767,393.89                               | <u>^</u> | 15.89  | .246     | <u> </u> | 116.32                   | <u>^</u> | 3.90       |
| @COUNTY HOSPITAL TOTAL         | 59<br>11<br>7                        | 262                                 | \$       |  | \$       | 176.11   |          | Ş        | 782.07                   | Ş        | .23        |
| CO HOSPITAL INPATIENT TOTAL    | 11                                   | 45                                  |          | 40,826.38                                |          | 907.25   | .000     |          | 3711.49                  |          | .21        |
| HSC HOSPITALS                  | 7                                    | 34<br>11                            |          | 28,327.09                                |          | 833.15<br>900.66   | .000     |          | 4046.73                  |          | .14        |
| NON-HSC HOSPITALS TOTAL        | 3                                    | 11                                  |          | 9,907.29                                 |          |  | .000     |          | 3302.43<br>917.87        |          | .05        |
| ACCOMMODATIONS                 | 3                                    | 0                                   |          | 2,753.61                                 |          | 250.33   | .000     |          | .00                      |          | .01        |
| ADMINISTRATIVE DAYS            | 0                                    | 0                                   |          | .00                                      |          |  | .000     |          | .00                      |          | .00        |
| TRANSITIONAL IP CARE           | 7<br>3<br>3<br>0<br>0<br>3<br>3<br>3 | 11                                  |          | 2,753.61                                 |          | .00<br>250.33  | .000     |          | 917.87                   |          | .00<br>.01 |
| ALL OTHER ACCOM<br>ANCILLARIES | 3                                    | 0                                   |          | 7,153.68                                 |          | .00  | .000     |          | 2384.56                  |          | .04        |
| INPATIENT CROSSOVERS           | 3                                    | 0                                   |          | 2,592.00                                 |          | .00  | .000     |          | 864.00                   |          | .04        |
| ALL OTHER INPATIENT            | 0                                    | 0                                   |          | 2,592.00                                 |          | .00  | .000     |          | .00                      |          | .00        |
| WITH OTHER INCRITENT           | U                                    | U                                   |          | .00                                      |          | • 0 0  | .000     |          | .00                      |          | .00        |

| MEDICAL   11   | CO HOSP OUTPATIENT TOTAL   | 51              | 217                 | 5,315.48            | 24.50          | .001         | 104.23      | .03         |
|--|----------------------------|-----------------|---------------------|---------------------|----------------|--------------|-------------|-------------|
| PATHOLOGY  | MEDICAL                    | 11              | 16                  | 540.42              | 33.78          | .000         | 49.13       | .00         |
| RADIOLOGY ROOM USE 13 17 728.79 42.87 .000 299.88 .01 ROOM USE 13 17 728.79 42.87 .000 56.06 .000  | SURGERY                    | 1               | 2                   | 168.64              | 84.32          | .000         | 168.64      | .00         |
| ROMM USE   | PATHOLOGY                  | 6               | 44                  | 335.40              | 7.62           | .000         | 55.90       | .00         |
| CROSSOVERS/ALL OTH OUTFINT   39  | RADIOLOGY                  | 4               | 14                  | 1,199.51            | 85.68          | .000         | 299.88      | .01         |
| #CALLF DEPT OF HEALTH SERV MOPD24 SHELLER SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,779 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICE FOR ALL AGED  196,529 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAY | ROOM USE                   | 13              | 17                  | 728.79              | 42.87          | .000         | 56.06       | .00         |
| MOPO24   SEMINARY OF SERVICE   DENTAL SUMMARY OF SERVICES FOR ALL AGED   SUMMARY OF SERVICES FOR ALL AGED   SUMMARY OF SERVICES FOR ALL AGED   SUMMARY OF SERVICE   SUMMARY OF SERVICE   SUMMARY OF SERVICE   SUMMARY OF SERVICE   SUMMARY OF CARE   OR DAYS OF CARE     | CROSSOVERS/ALL OTH OUTPINT | 39              | 124                 | 2,342.72            | 18.89          | .001         | 60.07       | .01         |
| SACRAMENTO COUNTY  | #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVIC | ES AND EXPENDITURES | MONTH-OF-PAYMENT RE | PORT FOR JAN 2 | 2004 THRU DE | C 2004      | PAGE 10,779 |
| 196,529 ELIGIBLES  | MOP024                     | FEE-FOR-SERVICE | /DENTAL             |                     |                |              |             | 03/14/05    |
| 196,529 ELIGIBLES  | SACRAMENTO COUNTY          | SUMMARY OF SERV | ICES FOR ALL AGED   |                     |                |              |             |             |
| COMMUNITY HOSPITAL TOTAL   |                            |                 |                     |                     |                | MON'         | THLY AVERAC | GE          |
| GCOMMUNITY HOSPITAL TOTAL         9,525         65,258         \$ 9,073,590.57         \$ 139.04         .332         \$ 952.61         \$ 46.17           COMM HOSP INPATIENT TOTAL         1,728         6,543         8,024,840.84         1226.48         .033         4644.01         40.83           HSC HOSPITALS         1,125         6,268         7,283,856.90         1162.07         .032         6474.54         37.06           NON-HSC HOSPITALS TOTAL         59         275         261,367.91         950.43         .001         4429.96         1.33           ACCOMMODATIONS         59         275         95,499.21         347.27         .001         1618.63         .49           ADMINISTRATIVE DAYS         4         12         640.94cR         53.41cR         .000         160.24cR         .00           TRANSITIONAL IP CARE         0         0         .00   | 196,529 ELIGIBLES          | USERS           | UNITS OF SERVICE    | EXPENDITURES        | AVERAGE COST   | UNITS/DAYS   | COST PER    | COST PER    |
| COMM HOSP INPATIENT TOTAL 1,728 6,543 8,024,840.84 1226.48 .033 4644.01 40.83 HSC HOSPITALS 1,125 6,268 7,283,856.90 1162.07 .032 6474.54 37.06 NON-HSC HOSPITALS TOTAL 59 275 261,367.91 950.43 .001 4429.96 1.33 ACCOMMODATIONS 59 275 95,499.21 347.27 .001 1618.63 .49 ADMINISTRATIVE DAYS 4 12 640.94CR 53.41CR .000 160.24CR .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                            |                 | OR DAYS OF CARE     |                     | PER UNIT/DAY   | PER ELIG     | USER        | ELIGIBLE    |
| HSC HOSPITALS 1,125 6,268 7,283,856.90 1162.07 .032 6474.54 37.06 NON-HSC HOSPITALS TOTAL 59 275 261,367.91 950.43 .001 4429.96 1.33 ACCOMMODATIONS 59 275 95,499.21 347.27 .001 1618.63 .49 ADMINISTRATIVE DAYS 4 12 640.94CR 53.41CR .000 .00 .00 .00 .00 .00 .00 .00 .00 .  | @COMMUNITY HOSPITAL TOTAL  | 9,525           | 65,258 \$           | 9,073,590.57        | \$ 139.04      | .332 \$      | 952.61      | \$ 46.17    |
| NON-HSC HOSPITALS TOTAL 59 275 261,367.91 950.43 .001 4429.96 1.33 ACCOMMODATIONS 59 275 95,499.21 347.27 .001 1618.63 .49 ADMINISTRATIVE DAYS 4 12 640.94CR 53.41CR .000 160.24CR .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                            |                 | •                   |                     |                |              |             |             |
| ACCOMMODATIONS 59 275 95,499.21 347.27 .001 1618.63 .49 ADMINISTRATIVE DAYS 4 12 640.94CR 53.41CR .000 160.24CR .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 55 263 96,140.15 365.55 .001 1748.00 .49 ANCILLARIES 58 0 165,868.70 .00 .00 .000 2859.81 .84 INPATIENT CROSSOVERS 572 0 479,616.03 .00 .000 838.49 2.44 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 8,056 58,715 1,048,749.73 17.86 .299 130.18 5.34 MEDICAL 677 1,019 41,405.10 40.63 .005 61.16 .21 SURGERY 225 237 19,795.39 83.52 .001 87.98 .10 PATHOLOGY 1,111 6,514 55,158.76 8.47 .033 49.65 .28 RADIOLOGY 726 1,126 96,267.32 85.49 .006 132.60 .49 ROOM USE 1,148 1,634 71,071.99 43.50 .008 61.91 .36 CROSSOVERS/ALL OTH OUTPTNT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89   |                            |                 |                     | 7,283,856.90        | 1162.07        |              |             |             |
| ADMINISTRATIVE DAYS 4 12 640.94CR 53.41CR .000 160.24CR .000 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 55 263 96,140.15 365.55 .001 1748.00 .49 ANCILLARIES 58 0 165,868.70 .00 .00 .000 2859.81 .84 INPATIENT CROSSOVERS 572 0 479,616.03 .00 .000 838.49 2.44 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 8,056 58,715 1,048,749.73 17.86 .299 130.18 5.34 MEDICAL 677 1,019 41,405.10 40.63 .005 61.16 .21 SURGERY 225 237 19,795.39 83.52 .001 87.98 .10 PATHOLOGY 1,111 6,514 55,158.76 8.47 .033 49.65 .28 RADIOLOGY 726 1,126 96,267.32 85.49 .006 132.60 .49 ROOM USE 1,148 1,634 71,071.99 43.50 .008 61.91 .36 CROSSOVERS/ALL OTH OUTPINT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89   | NON-HSC HOSPITALS TOTAL    |                 |                     | 261 <b>,</b> 367.91 | 950.43         |              | 4429.96     | 1.33        |
| TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | ACCOMMODATIONS             | 59              |                     | -                   |                | .001         |             |             |
| ALL OTHER ACCOM 55 263 96,140.15 365.55 .001 1748.00 .49 ANCILLARIES 58 0 165,868.70 .00 .000 2859.81 .84 INPATIENT CROSSOVERS 572 0 479,616.03 .00 .000 838.49 2.44 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .00 COMM HOSP OUTPATIENT TOTAL 8,056 58,715 1,048,749.73 17.86 .299 130.18 5.34 MEDICAL 677 1,019 41,405.10 40.63 .005 61.16 .21 SURGERY 225 237 19,795.39 83.52 .001 87.98 .10 PATHOLOGY 1,111 6,514 55,158.76 8.47 .033 49.65 .28 RADIOLOGY 726 1,126 96,267.32 85.49 .006 132.60 .49 ROOM USE 1,148 1,634 71,071.99 43.50 .008 61.91 .36 CROSSOVERS/ALL OTH OUTPINT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89   |                            | 4               |                     |                     |                |              |             | ₹ .00       |
| ANCILLARIES 58 0 165,868.70 .00 .000 2859.81 .84 INPATIENT CROSSOVERS 572 0 479,616.03 .00 .000 838.49 2.44 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 COMM HOSP OUTPATIENT TOTAL 8,056 58,715 1,048,749.73 17.86 .299 130.18 5.34 MEDICAL 677 1,019 41,405.10 40.63 .005 61.16 .21 SURGERY 225 237 19,795.39 83.52 .001 87.98 .10 PATHOLOGY 1,111 6,514 55,158.76 8.47 .033 49.65 .28 RADIOLOGY 726 1,126 96,267.32 85.49 .006 132.60 .49 ROOM USE 1,148 1,634 71,071.99 43.50 .008 61.91 .36 CROSSOVERS/ALL OTH OUTPINT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89   | TRANSITIONAL IP CARE       | •               | 0                   | .00                 | .00            | .000         | .00         | .00         |
| INPATIENT CROSSOVERS 572 0 479,616.03 .00 .000 838.49 2.44 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .00 .00  COMM HOSP OUTPATIENT TOTAL 8,056 58,715 1,048,749.73 17.86 .299 130.18 5.34  MEDICAL 677 1,019 41,405.10 40.63 .005 61.16 .21  SURGERY 225 237 19,795.39 83.52 .001 87.98 .10  PATHOLOGY 1,111 6,514 55,158.76 8.47 .033 49.65 .28  RADIOLOGY 726 1,126 96,267.32 85.49 .006 132.60 .49  ROOM USE 1,148 1,634 71,071.99 43.50 .008 61.91 .36  CROSSOVERS/ALL OTH OUTPINT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89   | ALL OTHER ACCOM            |                 | 263                 |                     |                |              |             |             |
| ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | ANCILLARIES                |                 | 0                   | 165,868.70          | .00            | .000         |             |             |
| COMM HOSP OUTPATIENT TOTAL       8,056       58,715       1,048,749.73       17.86       .299       130.18       5.34         MEDICAL SURGERY       677       1,019       41,405.10       40.63       .005       61.16       .21         SURGERY       225       237       19,795.39       83.52       .001       87.98       .10         PATHOLOGY       1,111       6,514       55,158.76       8.47       .033       49.65       .28         RADIOLOGY       726       1,126       96,267.32       85.49       .006       132.60       .49         ROOM USE       1,148       1,634       71,071.99       43.50       .008       61.91       .36         CROSSOVERS/ALL OTH OUTPTNT       6,560       48,185       765,051.17       15.88       .245       116.62       3.89  | INPATIENT CROSSOVERS       | 572             | 0                   | 479 <b>,</b> 616.03 | .00            | .000         | 838.49      | 2.44        |
| MEDICAL SURGERY     677     1,019     41,405.10     40.63     .005     61.16     .21       SURGERY     225     237     19,795.39     83.52     .001     87.98     .10       PATHOLOGY     1,111     6,514     55,158.76     8.47     .033     49.65     .28       RADIOLOGY     726     1,126     96,267.32     85.49     .006     132.60     .49       ROOM USE     1,148     1,634     71,071.99     43.50     .008     61.91     .36       CROSSOVERS/ALL OTH OUTPTNT     6,560     48,185     765,051.17     15.88     .245     116.62     3.89  |                            | 0               | •                   |                     |                |              |             |             |
| SURGERY     225     237     19,795.39     83.52     .001     87.98     .10       PATHOLOGY     1,111     6,514     55,158.76     8.47     .033     49.65     .28       RADIOLOGY     726     1,126     96,267.32     85.49     .006     132.60     .49       ROOM USE     1,148     1,634     71,071.99     43.50     .008     61.91     .36       CROSSOVERS/ALL OTH OUTPTNT     6,560     48,185     765,051.17     15.88     .245     116.62     3.89   |                            | •               | •                   |                     |                | .299         |             |             |
| PATHOLOGY 1,111 6,514 55,158.76 8.47 .033 49.65 .28 RADIOLOGY 726 1,126 96,267.32 85.49 .006 132.60 .49 ROOM USE 1,148 1,634 71,071.99 43.50 .008 61.91 .36 CROSSOVERS/ALL OTH OUTPTNT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89  | MEDICAL                    |                 |                     |                     |                | .005         |             | .21         |
| RADIOLOGY 726 1,126 96,267.32 85.49 .006 132.60 .49 ROOM USE 1,148 1,634 71,071.99 43.50 .008 61.91 .36 CROSSOVERS/ALL OTH OUTPTNT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89  | SURGERY                    | 225             |                     | •                   |                | .001         |             | .10         |
| ROOM USE       1,148       1,634       71,071.99       43.50       .008       61.91       .36         CROSSOVERS/ALL OTH OUTPTNT       6,560       48,185       765,051.17       15.88       .245       116.62       3.89  |                            |                 |                     | •                   |                |              |             |             |
| CROSSOVERS/ALL OTH OUTPTNT 6,560 48,185 765,051.17 15.88 .245 116.62 3.89  | RADIOLOGY                  |                 |                     | •                   |                | .006         |             | .49         |
| ·  |                            | •               | •                   | •                   |                |              |             |             |
| @STATE HOSPITAL 6 0 \$ 4,679.30 \$ .00 .000 \$ 779.88 \$ .02   |                            | 6 <b>,</b> 560  | •                   | -                   |                |              |             |             |
|  | @STATE HOSPITAL            | 6               | 0 \$                | 4,679.30            | \$ .00         | .000 \$      | 779.88      | \$ .02      |

| MENTALLY ILL  | 6  | 0  |       | 4,206.90  |            | .00  | .000   |          | 701.15  |    | .02   |
|---|--|--|-------|---|------------|--|--|----------|---|----|---|
| DEVELOP. DISABLED   | 0  | 0  |       | 472.40  |            | .00  | .000   |          | .00   |    | .00   |
| @NURSING FACILITY   | 21,930   | 680 <b>,</b> 104   | \$    | 69,967,992.21   | \$         | 102.88   | 3.461  | \$       | 3190.51   | \$ | 356.02  |
| LEV A-INTERMEDIATE  | 480  | 15 <b>,</b> 881  |       | 993 <b>,</b> 196.94   |            | 62.54  | .081   |          | 2069.16   |    | 5.05  |
| LEV B-REHAB MD  | 101  | 3 <b>,</b> 665   |       | 400,327.54  |            | 109.23   | .019   |          | 3963.64   |    | 2.04  |
| LEV B-SUBACUTE FREESTANDING   | 4  | 123  |       | 46,883.00   |            | 381.16   | .001   |          | 11720.75  |    | .24   |
| LEV B-SUBACUTE HSPTL BASED  | 57   | 1,882  |       | 955,380.39  |            | 507.64   | .010   |          | 16761.06  |    | 4.86  |
| LEV B-TRANSITIONAL IP CARE  | 0  | 0  |       | .00   |            | .00  | .000   |          | .00   |    | .00   |
| LEV B-REGULAR   | 21,315   | 658,553  |       | 67,572,204.34   |            | 102.61   | 3.351  |          | 3170.17   |    | 343.83  |
| @INTERMEDIATE CARE FACILDD  | 12   | 357  | \$    | 46,280.14   | \$         | 129.64   | .002   | \$       | 3856.68   | \$ | .24   |
| ICF DDH   | 0  | 0  |       | .00   |            | .00  | .000   |          | .00   | ·  | .00   |
| ICF DD  | 12   | 357  |       | 46,280.14   |            | 129.64   | .002   |          | 3856.68   |    | .24   |
| ICF DDN/DDCN  | 0  | 0  |       | .00   |            | .00  | .000   |          | .00   |    | .00   |
| @HEMODIALYSIS TOTAL   | 846  | 12,095   | \$    |   | \$         |  |  | Ś        | 936.59  | Ś  | 4.03  |
| HOSPITAL BASED  | 4  | 50   | τ     | 9,805.36  | Τ          | 196.11   | .000   | Τ.       | 2451.34   | т  | .05   |
| HEMODIALYSIS CENTER   | 842  | 12,045   |       | 782,552.28  |            | 64.97  | .061   |          | 929.40  |    | 3.98  |
| @REHABILITATION FACILITY  | 16   | 57   | \$    |   | \$         |  | .000   | ¢        |   | Ś  | .01   |
| HOSPITAL BASED  | 16   | 57<br>57   | Y     | 1,407.27  | Y          | 24.69  | .000   | Y        | 87.95   | Y  | .01   |
| INDEPENDENT FACILITY  | 0  | 0  |       | .00   |            | .00  | .000   |          | .00   |    | .00   |
| @LABORATORY FACILITY  | 3,431  | 13,324   | \$    | 139,455.02  | Ċ          |  | .068   | Ċ        |   | Ċ  | .71   |
|   |  | 12,807   | Ą     |   | ې          | 10.47  | .065   | ې        | 41.96   | ۲  |   |
| PATHOLOGY   | 3,189<br>242   | •  |       | 133,816.22  |            |  | .003   |          | 23.30   |    | .68   |
| XO AND OTHERS   |  | 517  | Ċ     | 5,638.80  | ć          | 10.91  |  | Ċ        |   | Ċ  | .03   |
| @ORGANIZED OUTPATIENT CLINIC  | 1,532  | 5,053  | \$    | 235,052.63  | Ş          |  |  | Ş        | 153.43  | Ş  | 1.20  |
| CLINIC  | 558  | 2,489  |       | 54,119.98   |            | 21.74  | .013   |          | 96.99   |    | .28   |
| SURGICENTER   | 585  | 2,013  |       | 141,596.39  |            | 70.34  | .010   |          | 242.05  |    | .72   |
| HEROIN DETOX CLINIC   | 0  | 0  |       | .00   |            | .00  | .000   |          | .00   |    | .00   |
| RURAL HEALTH CLINIC   | 391  | 551  |       | 39,336.26   |            | 71.39  | .003   |          | 100.60  |    | .20   |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIO  | CES AND EXPENDITUR   | ES MO | NTH-OF-PAYMENT RI   | EPORT      | ' FOR JAN  | 2004 THRU  | DEC      | 2004  | P  | AGE 10,780  |
|   |  |  |       |   |            |  |  |          |   |    | / /   |
| MOP024  | FEE-FOR-SERVICE  | E/DENTAL   |       |   |            |  |  |          |   |    | 03/14/05  |
| MOP024<br>SACRAMENTO COUNTY   |  |  |       |   |            |  |  |          |   |    |   |
| SACRAMENTO COUNTY   | SUMMARY OF SERV  | E/DENTAL<br>/ICES FOR ALL AGE  | D     |   |            |  | M  | INO      | THLY AVERA  |    |   |
|   |  | E/DENTAL<br>FICES FOR ALL AGE<br>UNITS OF SERVICE  | D     | EXPENDITURES  | AVE        |  | M<br>UNITS/DAY   | ONT<br>S | COST PER  |    | <br>COST PER  |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  | SUMMARY OF SERV  | E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE  | ID    | EXPENDITURES  | AVE<br>PER | R UNIT/DAY   | M<br>UNITS/DAY<br>PER ELIG   | ONT<br>S | COST PER<br>USER  |    | <br>COST PER<br>ELIGIBLE  |
| SACRAMENTO COUNTY   | SUMMARY OF SERVUSERS   | E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 4,747,998  | D     | EXPENDITURES 7,416,085.79   | AVE        | R UNIT/DAY<br>1.56   | M<br>UNITS/DAY<br>PER ELIG<br>24.159   | ONT<br>S | COST PER<br>USER<br>267.47  |    | COST PER<br>ELIGIBLE<br>37.74   |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  | SUMMARY OF SERV<br>USERS<br>27,727<br>1,444  | E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784  | ID    | EXPENDITURES 7,416,085.79 509,905.63  | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16  | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12  |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59   |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS  | SUMMARY OF SERV<br>USERS  27,727  1,444  0   | E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0  | ID    | EXPENDITURES 7,416,085.79 509,905.63 .00  | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00   |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59   |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.  | SUMMARY OF SERV<br>USERS<br>27,727<br>1,444  | E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161  | ID    | EXPENDITURES 7,416,085.79 509,905.63 .00 64,619.80  | AVE<br>PER | 1.56<br>75.16<br>.00<br>401.37   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12  |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59   |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK   | SUMMARY OF SERV<br>USERS  27,727  1,444  0   | E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0  | ID    | EXPENDITURES 7,416,085.79 509,905.63 .00 64,619.80 838,007.95   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00   |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59   |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS  | USERS 27,727 1,444 0 132   | E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161  | ID    | EXPENDITURES 7,416,085.79 509,905.63 .00 64,619.80  | AVE<br>PER | 1.56<br>75.16<br>.00<br>401.37   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54   |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59<br>.00  |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION   | USERS  27,727  1,444  0  132 4,643   | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860   | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058  | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49   |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59<br>.00<br>.33<br>4.26   |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS  | USERS  27,727  1,444  0  132  4,643  727   | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388   | ID    | EXPENDITURES 7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12  | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022  | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37   |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59<br>.00<br>.33<br>4.26<br>.40  |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS  | USERS  27,727  1,444  0  132  4,643  727  3,513  | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739   | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12<br>3.72  | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37<br>211.71   |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59<br>.00<br>.33<br>4.26<br>.40<br>3.78                                    |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES   | USERS  27,727  1,444  0  132  4,643  727  3,513  553   | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733   | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12<br>3.72<br>3.95<br>17.58   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37<br>211.71<br>26.69  |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59<br>.00<br>.33<br>4.26<br>.40<br>3.78<br>.08                             |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE   | USERS  27,727  1,444  0  132  4,643  727  3,513  553  2,311  | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330   | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12<br>3.72<br>3.95<br>17.58<br>69.02  | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37<br>211.71<br>26.69<br>40.55   |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59<br>.00<br>.33<br>4.26<br>.40<br>3.78<br>.08<br>.48                      |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR   | USERS  27,727  1,444  0  132  4,643  727  3,513  553  2,311  3,241  2                              | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797  | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25  | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12<br>3.72<br>3.95<br>17.58<br>69.02<br>105.00                                    | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37<br>211.71<br>26.69<br>40.55<br>975.23                                       |    | COST PER<br>ELIGIBLE<br>37.74<br>2.59<br>.00<br>.33<br>4.26<br>.40<br>3.78<br>.08<br>.48<br>16.08             |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP  | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777                                  | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914                                     | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52  | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12<br>3.72<br>3.95<br>17.58<br>69.02<br>105.00<br>53.04                           | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37<br>211.71<br>26.69<br>40.55<br>975.23<br>105.00<br>385.45                   |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49                                     |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST   | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777                                  | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62                                  | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12<br>3.72<br>3.95<br>17.58<br>69.02<br>105.00<br>53.04<br>3.20                   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066   | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37<br>211.71<br>26.69<br>40.55<br>975.23<br>105.00<br>385.45<br>99.11          |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00                                 |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN  | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542                          | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528                            | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78   | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52  | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066<br>.000                                 | ONT<br>S | COST PER<br>USER<br>267.47<br>353.12<br>.00<br>489.54<br>180.49<br>109.37<br>211.71<br>26.69<br>40.55<br>975.23<br>105.00<br>385.45<br>99.11<br>27.73 |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00 .50                             |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST   | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104                      | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823                        | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25   | AVE<br>PER | R UNIT/DAY<br>1.56<br>75.16<br>.00<br>401.37<br>4.03<br>18.12<br>3.72<br>3.95<br>17.58<br>69.02<br>105.00<br>53.04<br>3.20<br>11.52<br>13.27 | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066<br>.000                                 | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03                                       |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00 .50 .06                         |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY  | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104 514                  | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823 933                    | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25 2,209.60  | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52 13.27 2.37   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066<br>.000<br>.043<br>.004                 | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03 4.30                                  |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00 .50 .06 .01                     |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS   | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104 514 102              | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823 933 240                | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25 2,209.60 7,224.47   | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52 13.27 2.37 30.10                                   | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066<br>.000<br>.043<br>.004<br>.005         | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03 4.30 70.83                            |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00 .50 .06 .01 .04                 |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS   | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104 514 102 102          | E/DENTAL FICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823 933 240 240            | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25 2,209.60 7,224.47 7,224.47                                | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52 13.27 2.37 30.10 30.10                             | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066<br>.000<br>.043<br>.004<br>.005<br>.001 | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03 4.30 70.83 70.83                      |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00 .50 .06 .01 .04 .04             |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS                                   | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104 514 102 102 0        | E/DENTAL FICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823 933 240 240 0          | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25 2,209.60 7,224.47 7,224.47                                | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52 13.27 2.37 30.10 30.10 .00                         | M<br>UNITS/DAY<br>PER ELIG<br>24.159<br>.035<br>.000<br>.001<br>1.058<br>.022<br>1.016<br>.019<br>.027<br>.233<br>.000<br>.066<br>.000<br>.043<br>.004<br>.005<br>.001 | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03 4.30 70.83 70.83 .00                  |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00 .50 .06 .01 .04 .04 .00         |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST                      | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104 514 102 102 0 38     | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823 933 240 240 0 44       | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25 2,209.60 7,224.47 7,224.47 7,224.47                       | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52 13.27 2.37 30.10 30.10 .00 14.86                   | M UNITS/DAY PER ELIG 24.159 .035 .000 .001 1.058 .022 1.016 .019 .027 .233 .000 .066 .000 .043 .004 .005 .001 .001 .000 .000   | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03 4.30 70.83 70.83 .00 17.21            |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 .50 .00 .00                              |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104 514 102 102 0 38 814 | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823 933 240 240 0 44 1,862 | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25 2,209.60 7,224.47 7,224.47 7,224.47 .00 654.05 195,197.46 | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52 13.27 2.37 30.10 30.10 .00 14.86 104.83            | M UNITS/DAY PER ELIG 24.159 .035 .000 .001 1.058 .022 1.016 .019 .027 .233 .000 .066 .000 .043 .004 .005 .001 .001 .001 .000 .000 .000                                 | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03 4.30 70.83 70.83 .00 17.21 239.80     |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 3.49 .00 .50 .06 .01 .04 .04 .00 .00 .99 |
| SACRAMENTO COUNTY  196,529 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST                      | USERS  27,727 1,444 0 132 4,643 727 3,513 553 2,311 3,241 2 1,777 2 3,542 104 514 102 102 0 38     | E/DENTAL VICES FOR ALL AGE  UNITS OF SERVICE OR DAYS OF CARE 4,747,998 6,784 0 161 207,860 4,388 199,739 3,733 5,330 45,797 2 12,914 62 8,528 823 933 240 240 0 44       | ID    | EXPENDITURES  7,416,085.79 509,905.63 .00 64,619.80 838,007.95 79,511.61 743,736.90 14,759.44 93,706.61 3,160,733.25 210.00 684,952.52 198.21 98,233.78 10,923.25 2,209.60 7,224.47 7,224.47 7,224.47                       | AVE<br>PER | R UNIT/DAY 1.56 75.16 .00 401.37 4.03 18.12 3.72 3.95 17.58 69.02 105.00 53.04 3.20 11.52 13.27 2.37 30.10 30.10 .00 14.86                   | M UNITS/DAY PER ELIG 24.159 .035 .000 .001 1.058 .022 1.016 .019 .027 .233 .000 .066 .000 .043 .004 .005 .001 .001 .000 .000   | ONT<br>S | COST PER USER 267.47 353.12 .00 489.54 180.49 109.37 211.71 26.69 40.55 975.23 105.00 385.45 99.11 27.73 105.03 4.30 70.83 70.83 .00 17.21            |    | COST PER ELIGIBLE 37.74 2.59 .00 .33 4.26 .40 3.78 .08 .48 16.08 .00 .50 .00 .00                              |

| LOCAL EDUCATION AGENCIES      | 4      | 6         | 55.29              | 9.22       | .000   | 13.82        | .00         |
|-------------------------------|--------|-----------|--------------------|------------|--------|--------------|-------------|
| EPSDT SUPPLEMENTAL SERVICE    | 0      | 0         | .00                | .00        | .000   | .00          | .00         |
| RESPIRATORY CARE PRACT.       | 0      | 0         | .00                | .00        | .000   | .00          | .00         |
| PED SUBACUTE REHAB/WEANING    | 0      | 0         | .00                | .00        | .000   | .00          | .00         |
| ALL OTHER PROVIDERS           | 11,937 | 4,449,179 | 865,032.73         | .19        | 22.639 | 72.47        | 4.40        |
| @CALIF. CHILDREN SERVICES*    | 4      | 1,749     | \$<br>607.57       | \$<br>.35  | .009   | \$<br>151.89 | \$<br>.00   |
| @XOVER EXCLUDING STATE HOSP** | 38,445 | 600,107   | \$<br>5,039,627.98 | \$<br>8.40 | 3.054  | \$<br>131.09 | \$<br>25.64 |

0\* Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,781 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| MOPU24                     | FEE-FOR-SERVIC |                    |    |                              |                 |        |    |        |    | 03/14/03 |
|----------------------------|----------------|--------------------|----|------------------------------|-----------------|--------|----|--------|----|----------|
| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR ALL BLIN | ND |                              |                 |        |    |        |    |          |
| 11 010                     |                |                    |    |                              |                 | MO     |    |        |    |          |
| 11,819 ELIGIBLES           | USERS          | UNITS OF SERVICE   |    | EXPENDITURES                 |                 |        | (  |        |    | COST PER |
|                            |                | OR DAYS OF CARE    | _  |                              | PER UNIT/DAY    |        | _  | USER   |    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 9,080          | 913,537            | \$ |                              | \$ 7.65         | 77.294 |    |        |    | 591.54   |
| @PHYSICIANS SERVICES       | 3,210          | 10,175             | \$ | 355,897.79                   | \$ 34.98        | .861   |    |        | Ş  | 30.11    |
| OUTPATIENT VISITS          | 1,671          |                    |    |                              | 33.99           | .208   |    | 49.98  |    | 7.07     |
| OFFICE VISITS              | 1,294          | 1,817              |    | 55,336.76                    | 30.46           | .154   |    | 42.76  |    | 4.68     |
| HOME VISITS                | 0              | 0                  |    | .00                          | .00             | .000   |    | .00    |    | .00      |
| EMERGENCY ROOM             | 246            | 280                |    | •                            | 68.81           | .024   |    | 78.32  |    |          |
| PREVENTIVE CARE            | 1              | 1                  |    | 37.39                        | 37.39           | .000   |    | 37.39  |    | .00      |
| OB VISITS/COMPRE PERI      | 5              | 25                 |    | 509.69                       | 20.39           |        |    | 101.94 |    | .04      |
| OTHER OUTPATIENT           | 254            | 334                |    | 8,371.46                     | 25.06           |        |    | 32.96  |    | .71      |
| INPATIENT VISITS           | 169            | 815                |    | 42,147.12                    | 51.71           | .069   |    | 249.39 |    | 3.57     |
| HOSPITAL VISITS            | 135            | 694                |    | 30,504.74                    | 43.95           | .059   |    | 225.96 |    | 2.58     |
| CRITICAL CARE              | 17             | 71                 |    |                              | 140.42          | .006   |    | 586.45 |    | .84      |
| SNF/ICF/TRANS IP CARE      | 34             | 50                 |    | 1,672.73                     | 33.45           | .004   |    | 49.20  |    | .14      |
| OPHTHALMOLOGICAL SERVICES  | 200            | 267                |    | 10,217.12                    | 38.27           |        |    | 51.09  |    | .86      |
| EXAMINATIONS               | 196            | 262                |    | 10,098.89                    | 38.55           | .022   |    | 51.52  |    | .85      |
| SERVICES AND MATERIALS     | 5              | 5                  |    | 118.23                       | 23.65<br>120.01 | .000   |    | 23.65  |    | .01      |
| INPATIENT HOSPITAL SURGERY | 50             | 236                |    | 28,322.59                    | 120.01          | .020   |    | 566.45 |    | 2.40     |
| PRINCIPAL SURGEON          | 37             | 57                 |    | 22 <b>,</b> 456.71           | 393.98          | .005   |    | 606.94 |    | 1.90     |
| ASSISTANT SURGEON          | 5              | 5                  |    | 1,420.28                     | 284.06<br>25.55 | .000   |    | 284.06 |    | .12      |
| ANESTHESIOLOGIST           | 20             | 174                |    | 4,445.60                     | 25.55           | .015   |    | 222.28 |    | .38      |
| OUTPATIENT SURGERY         | 192            | 494                |    | 53,909.53                    | 109.13          | .042   |    | 280.78 |    | 4.56     |
| PRINCIPAL SURGEON          | 157            | 206                |    | 45,396.42                    | 220.37          | .017   |    | 289.15 |    | 3.84     |
| ASSISTANT SURGEON          | 4              | 4                  |    | 938.57                       | 234.64          | .000   |    | 234.64 |    | .08      |
| ANESTHESIOLOGIST           | 52             | 284                |    | 7,574.54                     | 26.67           | .024   |    | 145.66 |    | .64      |
| DIALYSIS                   | 82             | 374                |    | 23,206.92                    | 62.05           | .032   |    | 283.01 |    | 1.96     |
| PATHOLOGY                  | 226            | 415                |    | 3,865.81                     | 9.32            | .035   |    | 17.11  |    | .33      |
| RADIOLOGY                  | 493            | 949                |    | 39 <b>,</b> 044.96           | 41.14           | .080   |    | 79.20  |    | 3.30     |
| PSYCHIATRY                 | 1              | 1                  |    | 32.98                        | 32.98<br>16.42  | .000   |    | 32.98  |    | .00      |
| IMMUNIZATION AND INJECTION | 75             | 119                |    | 1,953.66                     | 16.42           | .010   |    | 26.05  |    | .17      |
| OTHER SERVICES/ALL X-OVERS | 1,399          | 4,048              |    | 69 <b>,</b> 673.91           | 17.21           | .342   |    | 49.80  |    | 5.90     |
| @PHARMACY                  | 7,207          | 339,489            | \$ | 2,774,066.41<br>2,598,406.17 | \$ 8.17         | 28.724 | \$ | 384.91 | \$ | 234.71   |
| PRESCRIPTION DRUGS         | 7,005          | 33,439             |    | 2,598,406.17                 | 77.71           | 2.829  |    | 370.94 |    | 219.85   |
| SNF/ICF                    | 210            | 1,071              |    | 104,903.55                   | 97.95           | .091   |    | 499.54 |    | 8.88     |
| OUTPATIENTS                | 6,881          | 32,368             |    | 2,493,502.62                 | 77.04           | 2.739  |    | 362.38 |    | 210.97   |
| MEDICAL SUPPLIES           | 1,388          | 32,368<br>306,050  |    | 175,660.24                   | 77.04<br>.57    | 25.895 |    | 126.56 |    | 14.86    |
| @DENTIST                   | 503            | 2,482              | \$ | 77,394.25                    | \$ 31.18        | .210   | \$ | 153.87 | \$ | 6.55     |
| VISITS - DIAGNOSTIC        | 347            | 1,700              |    | 20,579.90                    | 12.11           | .144   |    | 59.31  |    | 1.74     |
| ORAL SURGERY               | 91             | 246                |    | 13,226.00                    | 53.76           | .021   |    | 145.34 |    | 1.12     |
| DRUGS                      | 1              | 1                  |    | .00                          | .00             | .000   |    | .00    |    | .00      |
| ANESTHESIA                 | 0              | 0                  |    | .00                          | .00             | .000   |    | .00    |    | .00      |
|                            |                |                    |    |                              |                 |        |    |        |    |          |

| PERIODONTICS                 | 35              | 38                 |       | 3,877.00           |       | 102.03    | .003        |     | 110.77    |    | .33        |
|------------------------------|-----------------|--------------------|-------|--------------------|-------|-----------|-------------|-----|-----------|----|------------|
| ENDODONTICS                  | 24              | 26                 |       | 6,421.00           |       | 246.96    | .002        |     | 267.54    |    | .54        |
| RESTORATIVE DENTISTRY        | 106             | 273                |       | 13,635.00          |       | 49.95     | .023        |     | 128.63    |    | 1.15       |
| PROSTHETICS                  | 6               | 6                  |       | 170.00             |       | 28.33     | .001        |     | 28.33     |    | .01        |
| DENTURES, STAYPLATES         | 50              | 171                |       | 18,960.35          |       | 110.88    | .014        |     | 379.21    |    | 1.60       |
| SPACE MAINTAINERS            | Ō               | 0                  |       | .00                |       | .00       | .000        |     | .00       |    | .00        |
| MAXILLOFACIAL SERVICES       | Ō               | 0                  |       | .00                |       | .00       | .000        |     | .00       |    | .00        |
| FRACTURES, DISLOCATIONS      | Ō               | 0                  |       | .00                |       | .00       | .000        |     | .00       |    | .00        |
| ORTHODONTIC SERVICES         | 8               | 9                  |       | 525.00             |       | 58.33     | .001        |     | 65.63     |    | .04        |
| ALL OTHER SERVICES           | 16              | 12                 |       | .00                |       | .00       | .001        |     | .00       |    | .00        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIO | CES AND EXPENDITUR | RES M | ONTH-OF-PAYMENT RE | EPORT | FOR JAN 2 | 2004 THRU I | DEC | 2004      | Р  | AGE 10,782 |
| MOP024                       | FEE-FOR-SERVICE | E/DENTAL           |       |                    |       |           |             |     |           |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | VICES FOR ALL BLI  | IND   |                    |       |           |             |     |           |    |            |
|                              |                 |                    |       |                    |       |           | MC          | TNC | HLY AVERA | GE |            |
| 11,819 ELIGIBLES             | USERS           | UNITS OF SERVICE   | C     | EXPENDITURES       | AVER  | AGE COST  | UNITS/DAYS  | 3   | COST PER  | 1  | COST PER   |
|                              |                 | OR DAYS OF CARE    | Ē     |                    | PER   | UNIT/DAY  | PER ELIG    |     | USER      |    | ELIGIBLE   |
| @OPTOMETRIST                 | 145             | 403                | \$    | 9,745.28           | \$    | 24.18     | .034        | \$  | 67.21     | \$ | .82        |
| DIAGNOSTIC AND ANC. PROCED   | 64              | 65                 |       | 2 <b>,</b> 507.27  |       | 38.57     | .005        |     | 39.18     |    | .21        |
| EYE APPLIANCES               | 109             | 320                |       | 6 <b>,</b> 733.91  |       | 21.04     | .027        |     | 61.78     |    | .57        |
| OTHER OPTOMETRIC SERVICES    | 8               | 18                 |       | 504.10             |       | 28.01     | .002        |     | 63.01     |    | .04        |
| @CHIROPRACTOR                | 18              | 28                 | \$    | 468.16             | \$    | 16.72     | .002        | \$  | 26.01     | \$ | .04        |
| VISITS                       | 17              | 27                 |       | 451.44             |       | 16.72     | .002        |     | 26.56     |    | .04        |
| OTHER SERVICES               | 1               | 1                  |       | 16.72              |       | 16.72     | .000        |     | 16.72     |    | .00        |
| @PODIATRIST                  | 220             | 335                | \$    | 5 <b>,</b> 372.36  | \$    | 16.04     | .028        | \$  |           | \$ | .45        |
| MEDICINE/INJECTIONS          | 62              | 67                 |       | 1,931.80           |       | 28.83     | .006        |     | 31.16     |    | .16        |
| SURGERY/ANES.                | 6               | 10                 |       | 181.06             |       | 18.11     | .001        |     | 30.18     |    | .02        |
| RADIO./PATHOLOGY             | 2               | 2                  |       | 34.60              |       | 17.30     | .000        |     | 17.30     |    | .00        |
| OTHER                        | 160             | 256                |       | 3,224.90           |       | 12.60     | .022        |     | 20.16     |    | .27        |
| @HOME HEALTH AGENCY          | 136             | 7 <b>,</b> 938     | \$    | 251,117.10         | \$    | 31.63     | .672        |     | 1846.45   |    | 21.25      |
| NURSE ANESTHESIST            | 7               | 60                 | \$    | 174.99             | \$    | 2.92      | .005        |     | 25.00     | \$ | .01        |
| NURSE MIDWIFE                | 0               | 0                  | \$    | .00                | \$    | .00       | .000        |     | .00       | \$ | .00        |
| PEDIATRIC NURSE PRACTITIONER |                 | 0                  | \$    | .00                | \$    | .00       | .000        |     | .00       |    | .00        |
| FAMILY NURSE PRACTITIONER    | 10              | 25                 | \$    | 673.60             |       | 26.94     | .002        |     | 67.36     |    | .06        |
| @TOTAL HOSPITAL              | 1,319           | 9,549              | \$    | 1,372,289.81       |       |           | .808        | \$  | 1040.40   | \$ | 116.11     |
| HOSP INPATIENT TOTAL         | 163             | 880                |       | 1,069,966.13       |       | 215.87    | .074        |     | 6564.21   |    | 90.53      |
| HSC HOSPITALS                | 131             | 835                |       | 1,019,300.97       |       | 220.72    | .071        |     | 7780.92   |    | 86.24      |
| NON-HSC HOSPITAL TOTAL       | 4               | 45                 |       | 24,114.56          |       | 535.88    | .004        |     | 6028.64   |    | 2.04       |
| ACCOMMODATIONS               | 4               | 45                 |       | 12,323.63          |       | 273.86    | .004        |     | 3080.91   |    | 1.04       |
| ADMINISTRATIVE DAYS          | 0               | 0                  |       | .00                |       | .00       | .000        |     | .00       |    | .00        |
| TRANSITIONAL IP CARE         | 0               | 0                  |       | .00                |       | .00       | .000        |     | .00       |    | .00        |
| ALL OTHER ACCOM              | 4               | 45                 |       | 12,323.63          |       | 273.86    | .004        |     | 3080.91   |    | 1.04       |
| ANCILLARIES                  | 4               | 0                  |       | 11,790.93          |       | .00       | .000        |     | 2947.73   |    | 1.00       |
| INPATIENT CROSSOVERS         | 31              | 0                  |       | 26,550.60          |       | .00       | .000        |     | 856.47    |    | 2.25       |
| ATT OFFICE TAIDAFTERS        | ^               | ^                  |       | 0.0                |       | 0.0       | 0.00        |     | 0.0       |    | 0.0        |

302,323.68

9,425.12

6,156.41

19,058.40

27,740.24

40,124.26

38,742.15

38,601.54

33,000.00

5,601.54

5,088.60

199,819.25

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.390

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.002

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34.87

32.50

73.29

8.16

84.32

39.45

43.31

614.95

742.34

254.62

231.30

1100.00

249.65

47.36

81.01

52.21

62.40

338.68

\$ 12914.05 \$

38601.54

33000.00

5601.54

5088.60

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.80

.52

1.61

2.35

3.39

3.28

3.27

2.79

.47

.43

16.91

0

8,669

2,335

1,017

4,614

290

84

329

63

52

30

22

22

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

1,211

199

76

365

222

643

590

3

1

1

0

| ADMINISTRATIVE DAYS         | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
|-----------------------------|-----------------|-------------------|--------|--------------------------|--------------|-------|--------------|----|------------|
| TRANSITIONAL IP CARE        | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| ALL OTHER ACCOM             | 1               | 22                |        | 5,088.60                 | 231.30       | .002  | 5088.60      |    | .43        |
| ANCILLARIES                 | 1               | 0                 |        | 512.94                   | .00          | .000  | 512.94       |    | .04        |
| INPATIENT CROSSOVERS        | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| ALL OTHER INPATIENT         | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| CO HOSP OUTPATIENT TOTAL    | 2               | 11                |        | 140.61                   | 12.78        | .001  | 70.31        |    | .01        |
| MEDICAL                     | 1               | 1                 |        | 8.44                     | 8.44         | .000  | 8.44         |    | .00        |
| SURGERY                     | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| PATHOLOGY                   | 1               | 5                 |        | 47.28                    | 9.46         | .000  | 47.28        |    | .00        |
| RADIOLOGY                   | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| ROOM USE                    | 1               | 1                 |        | 52.23                    | 52.23        | .000  | 52.23        |    | .00        |
| CROSSOVERS/ALL OTH OUTPTNT  | 2               | 4                 |        | 32.66                    | 8.17         | .000  | 16.33        |    | .00        |
| #CALIF DEPT OF HEALTH SERV  |                 | CES AND EXPENDITU | RES MO | ONTH-OF-PAYMENT RI       |              |       |              | P  | AGE 10,783 |
| MOP024                      | FEE-FOR-SERVICE |                   |        | 01.111 01 11111111111 11 |              |       | 220 2001     | -  | 03/14/05   |
| SACRAMENTO COUNTY           |                 | VICES FOR ALL BL  | TND    |                          |              |       |              |    | 03/11/00   |
| DITOTULE NIO COONTI         | DOIMING OF BEIN | VIOLO ION THE DE  | 1110   |                          |              | Mo    | ONTHLY AVERA | GE |            |
| 11,819 ELIGIBLES            | USERS           | UNITS OF SERVICE  | E.     | EXPENDITURES             | AVERAGE COST |       |              |    | COST PER   |
| II,019 HHIGIBHH             | ODLINO          | OR DAYS OF CAR    |        | LMI BNDI I OKLO          | PER UNIT/DAY |       |              |    | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL   | 1,318           | 9,486             | \$     | 1,333,547.66             | \$ 140.58    |       | \$ 1011.80   |    |            |
| COMM HOSP INPATIENT TOTAL   | 162             | 828               | Y      | 1,031,364.59             | 1245.61      | .070  | 6366.45      | Y  | 87.26      |
| HSC HOSPITALS               | 130             | 805               |        | 986,300.97               | 1225.22      | .068  | 7586.93      |    | 83.45      |
| NON-HSC HOSPITALS TOTAL     | 3               | 23                |        | 18,513.02                | 804.91       | .002  | 6171.01      |    | 1.57       |
|                             | 3               | 23                |        |                          | 314.57       |       |              |    |            |
| ACCOMMODATIONS              | 0               | 0                 |        | 7,235.03                 |              | .002  | 2411.68      |    | .61        |
| ADMINISTRATIVE DAYS         | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| TRANSITIONAL IP CARE        |                 |                   |        | .00                      | .00          | .000  | .00          |    | .00        |
| ALL OTHER ACCOM             | 3               | 23                |        | 7,235.03                 | 314.57       | .002  | 2411.68      |    | .61        |
| ANCILLARIES                 | 3               | 0                 |        | 11,277.99                | .00          | .000  | 3759.33      |    | .95        |
| INPATIENT CROSSOVERS        | 31              | 0                 |        | 26,550.60                | .00          | .000  | 856.47       |    | 2.25       |
| ALL OTHER INPATIENT         | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| COMM HOSP OUTPATIENT TOTAL  | 1,211           | 8,658             |        | 302,183.07               | 34.90        | .733  | 249.53       |    | 25.57      |
| MEDICAL                     | 198             | 289               |        | 9,416.68                 | 32.58        | .024  | 47.56        |    | .80        |
| SURGERY                     | 76              | 84                |        | 6,156.41                 | 73.29        | .007  | 81.01        |    | .52        |
| PATHOLOGY                   | 365             | 2,330             |        | 19,011.12                | 8.16         | .197  | 52.09        |    | 1.61       |
| RADIOLOGY                   | 222             | 329               |        | 27,740.24                | 84.32        | .028  | 124.96       |    | 2.35       |
| ROOM USE                    | 642             | 1,016             |        | 40,072.03                | 39.44        | .086  | 62.42        |    | 3.39       |
| CROSSOVERS/ALL OTH OUTPINT  | 588             | 4,610             |        | 199 <b>,</b> 786.59      | 43.34        | .390  | 339.77       |    | 16.90      |
| @STATE HOSPITAL             | 1               | 226               | \$     | 154,385.67               | \$ 683.12    | .019  | \$154385.67  | \$ | 13.06      |
| MENTALLY ILL                | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| DEVELOP. DISABLED           | 1               | 226               |        | 154,385.67               | 683.12       | .019  | 154385.67    |    | 13.06      |
| @NURSING FACILITY           | 116             | 2 <b>,</b> 687    | \$     | 412,491.26               | \$ 153.51    | .227  | \$ 3555.96   | \$ | 34.90      |
| LEV A-INTERMEDIATE          | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| LEV B-REHAB MD              | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| LEV B-SUBACUTE FREESTANDING | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| LEV B-SUBACUTE HSPTL BASED  | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| LEV B-TRANSITIONAL IP CARE  | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| LEV B-REGULAR               | 116             | 2,687             |        | 412,491.26               | 153.51       | .227  | 3555.96      |    | 34.90      |
| @INTERMEDIATE CARE FACILDD  | 0               | 0                 | \$     | .00                      | \$ .00       | .000  |              | \$ | .00        |
| ICF DDH                     | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| ICF DD                      | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| ICF DDN/DDCN                | 0               | 0                 |        | .00                      | .00          | .000  | .00          |    | .00        |
| @HEMODIALYSIS TOTAL         | 289             | 12,989            | \$     | 461,128.85               | \$ 35.50     | 1.099 | \$ 1595.60   | Ś  | 39.02      |
| HOSPITAL BASED              | 9               | 149               | т.     | 28,810.52                | 193.36       | .013  | 3201.17      | т. | 2.44       |
| HEMODIALYSIS CENTER         | 280             | 12,840            |        | 432,318.33               | 33.67        | 1.086 | 1543.99      |    | 36.58      |
| @REHABILITATION FACILITY    | 108             | 714               | \$     | 14,255.44                | \$ 19.97     | .060  | \$ 131.99    | S  | 1.21       |
| HOSPITAL BASED              | 10              | 16                | 7      | 740.36                   | 46.27        | .001  | 74.04        | 7  | .06        |
| HOOLITAL DAGED              | 10              | 1.0               |        | 740.30                   | 40.27        | .001  | 74.04        |    | .00        |

| INDEPENDENT FACILITY           | 98              | 698              |       | 13,515.08           |       | 19.36   | .059      |     | 137.91    |      | 1.14       |
|--------------------------------|-----------------|------------------|-------|---------------------|-------|---------|-----------|-----|-----------|------|------------|
| @LABORATORY FACILITY           | 479             | 1,965            | \$    | 21,430.88           | \$    | 10.91   | .166      | \$  | 44.74     | \$   | 1.81       |
| PATHOLOGY                      | 476             | 1,954            |       | 21,378.07           |       | 10.94   | .165      |     | 44.91     |      | 1.81       |
| XO AND OTHERS                  | 3               | 11               |       | 52.81               |       | 4.80    | .001      |     | 17.60     |      | .00        |
| @ORGANIZED OUTPATIENT CLINIC   | 183             | 588              | \$    | 37,107.51           | \$    | 63.11   | .050      | \$  | 202.77    | \$   | 3.14       |
| CLINIC                         | 114             | 417              |       | 24,125.37           |       | 57.85   | .035      |     | 211.63    |      | 2.04       |
| SURGICENTER                    | 26              | 116              |       | 4,799.12            |       | 41.37   | .010      |     | 184.58    |      | .41        |
| HEROIN DETOX CLINIC            | 0               | 0                |       | .00                 |       | .00     | .000      |     | .00       |      | .00        |
| RURAL HEALTH CLINIC            | 44              | 55               |       | 8,183.02            |       | 148.78  | .005      |     | 185.98    |      | .69        |
| #CALIF DEPT OF HEALTH SERV     | MEDI-CAL SERVIC | ES AND EXPENDITU | RES 1 | MONTH-OF-PAYMENT RI | EPORT | FOR JAN | 2004 THRU | DEC | 2004      | PI   | AGE 10,784 |
| MOP024                         | FEE-FOR-SERVICE | /DENTAL          |       |                     |       |         |           |     |           |      | 03/14/05   |
| SACRAMENTO COUNTY              | SUMMARY OF SERV | ICES FOR ALL BL  | IND   |                     |       |         |           |     |           |      |            |
|                                |                 |                  |       |                     |       |         | M         | TNO | HLY AVERA | GE - |            |
| 11,819 ELIGIBLES               | USERS           | UNITS OF SERVIC  | E     | EXPENDITURES        |       |         | UNITS/DAY |     | COST PER  | (    | COST PER   |
|                                |                 | OR DAYS OF CAR   |       |                     |       |         | PER ELIC  |     | USER      |      | ELIGIBLE   |
| @ALL OTHER PROVIDERS           | 2,371           | 523 <b>,</b> 884 | \$    | 1,043,423.90        | \$    |         | 44.326    | \$  | 440.08    | \$   |            |
| DURABLE MED. EQUIP.            | 216             | 621              |       | 102,623.32          |       | 165.25  |           |     | 475.11    |      | 8.68       |
| BLOOD BANK                     | 0               | 0                |       | .00                 |       | .00     | .000      |     | .00       |      | .00        |
| HEARING AID DISPENSERS         | 13              | 19               |       | 2,294.80            |       | 120.78  | .002      |     | 176.52    |      | .19        |
| MEDICAL TRANSPORTATION         | 511             | 57 <b>,</b> 962  |       | 219,705.24          |       | 3.79    | 4.904     |     | 429.95    |      | 18.59      |
| AMBULANCES/AIR TRANS           | 193             | 1,243            |       | 25,056.24           |       | 20.16   | .105      |     | 129.83    |      | 2.12       |
| OTHER TRANS                    | 322             | 56 <b>,</b> 469  |       | 194,029.50          |       | 3.44    | 4.778     |     | 602.58    |      | 16.42      |
| OTHER SERVICES                 | 32              | 250              |       | 619.50              |       | 2.48    | .021      |     | 19.36     |      | .05        |
| ACUPUNCTURE                    | 67              | 158              |       | 2,757.33            |       | 17.45   | .013      |     | 41.15     |      | .23        |
| ADULT DAY HEALTH CARE CTR      | 126             | 1,957            |       | 133,063.93          |       | 67.99   | .166      |     | 1056.06   |      | 11.26      |
| GENETIC DISEASE TESTING        | 3               | 3                |       | 315.00              |       | 105.00  | .000      |     | 105.00    |      | .03        |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 142             | 6 <b>,</b> 820   |       | 179,130.48          |       | 26.27   | .577      |     | 1261.48   |      | 15.16      |
| OCCUPATIONAL THERAPIST         | 6               | 103              |       | 563.97              |       | 5.48    | .009      |     | 94.00     |      | .05        |
| OPTICIAN                       | 178             | 423              |       | 12,912.83           |       | 30.53   | .036      |     | 72.54     |      | 1.09       |
| PHYSICAL THERAPIST             | 8               | 48               |       | 656.83              |       | 13.68   | .004      |     | 82.10     |      | .06        |
| PORTABLE X-RAY                 | 5               | 13               |       | 364.23              |       | 28.02   | .001      |     | 72.85     |      | .03        |
| PROSTHETIST/ORTHOTISTS         | 33              | 146              |       | 17,044.04           |       | 116.74  | .012      |     | 516.49    |      | 1.44       |

| PROSTHETICS                   | 33    | 146              | 17,044.04        | 116.74   | .012   | 516.49     | 1.44     | 1 |
|-------------------------------|-------|------------------|------------------|----------|--------|------------|----------|---|
| ORTHOTICS                     | 0     | 0                | .00              | .00      | .000   | .00        | .00      | ) |
| PSYCHOLOGIST                  | 2     | 6                | 109.50           | 18.25    | .001   | 54.75      | .01      | L |
| SPEECH AND AUDIOLOGY          | 85    | 341              | 20,064.23        | 58.84    | .029   | 236.05     | 1.70     | ) |
| HOSPICE SERVICES              | 11    | 330              | 45,278.05        | 137.21   | .028   | 4116.19    | 3.83     | 3 |
| NONINST BIRTHING CENTERS      | 0     | 0                | .00              | .00      | .000   | .00        | .00      | ) |
| LOCAL EDUCATION AGENCIES      | 512   | 54 <b>,</b> 393  | 176,291.25       | 3.24     | 4.602  | 344.32     | 14.92    | 2 |
| EPSDT SUPPLEMENTAL SERVICE    | 10    | 1,046            | 30,762.86        | 29.41    | .089   | 3076.29    | 2.60     | ) |
| RESPIRATORY CARE PRACT.       | 0     | 0                | .00              | .00      | .000   | .00        | .00      | ) |
| PED SUBACUTE REHAB/WEANING    | 0     | 0                | .00              | .00      | .000   | .00        | .00      | ) |
| ALL OTHER PROVIDERS           | 825   | 399 <b>,</b> 495 | 99,486.01        | .25      | 33.801 | 120.59     | 8.42     | 2 |
| @CALIF. CHILDREN SERVICES*    | 391   | 28,311           | \$<br>619,316.20 | \$ 21.88 | 2.395  | \$ 1583.93 | \$ 52.40 | ) |
| @XOVER EXCLUDING STATE HOSP** | 1,695 | 19,624           | \$<br>327,496.32 | \$ 16.69 | 1.660  | \$ 193.21  | \$ 27.71 | L |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 10,785 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

| SACKAMENTO COUNTI                       | SOMMANI OF SEN | VICES FOR ALL DISA. | וטנוט    | D              |               | MON'      | miii v 777777 | CE.       |
|---|----------------|---------------------|----------|----------------|---------------|-----------|---------------|-----------|
| AGE 760 ELICIPIES                       | HOEDO          | INTEG OF CEDITOR    |          | EADENDIMIDEC   | ATTEDACE COCH |           |               |           |
| 485,769 ELIGIBLES                       | USERS          | UNITS OF SERVICE    |          | EXPENDITURES   | AVERAGE COST  |           | COST PER      | COST PER  |
| 0.00.00.00.00.00.00.00.00.00.00.00.00.0 | 100 202        | OR DAYS OF CARE     | <u>^</u> | 000 004 041 07 | PER UNIT/DAY  |           | USER          | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS                   | 409,383        |                     | \$       |                | \$ 16.91      | 36.436 \$ |               | \$ 616.10 |
| @PHYSICIANS SERVICES                    | 144,409        | /                   | \$       | 19,101,777.27  |               | 1.077 \$  |               | •         |
| OUTPATIENT VISITS                       | 85,333         | 123,202             |          | 4,298,737.28   | 34.89         | .254      | 50.38         | 8.85      |
| OFFICE VISITS                           | 66,471         | 92,312              |          | 2,800,751.21   | 30.34         | .190      | 42.13         | 5.77      |
| HOME VISITS                             | 192            | 253                 |          | -,             | 37.28         | .001      | 49.12         | .02       |
| EMERGENCY ROOM                          | 14,087         | 17,439              |          | 1,130,161.69   | 64.81         | .036      | 80.23         |           |
| PREVENTIVE CARE                         | 11             | 11                  |          | 539.14         | 49.01         | .000      | 49.01         |           |
| OB VISITS/COMPRE PERI                   | 365            | 858                 |          | 44,125.92      | 51.43         | .002      | 120.89        |           |
| OTHER OUTPATIENT                        | 9,770          | 12,329              |          | 010, 120.22    | 25.45         | .025      | 32.11         |           |
| INPATIENT VISITS                        | 8,510          | 50 <b>,</b> 249     |          | 2,470,123.07   | 49.16         | .103      | 290.26        | 5.08      |
| HOSPITAL VISITS                         | 6 <b>,</b> 960 | 43,415              |          | 1,813,190.93   | 41.76         | .089      | 260.52        | 3.73      |
| CRITICAL CARE                           | 840            | 3,966               |          | 567,363.40     | 143.06        | .008      | 675.43        | 1.17      |
| SNF/ICF/TRANS IP CARE                   | 1,542          | 2,868               |          | 89,568.74      | 31.23         | .006      | 58.09         | .18       |
| OPHTHALMOLOGICAL SERVICES               | 2,368          | 3,050               |          | 116,402.47     | 38.16         | .006      | 49.16         | .24       |
| EXAMINATIONS                            | 2,160          | 2,839               |          | 112,062.97     | 39.47         | .006      | 51.88         | .23       |
| SERVICES AND MATERIALS                  | 211            | 211                 |          | 4,339.50       | 20.57         | .000      | 20.57         | .01       |
| INPATIENT HOSPITAL SURGERY              | 3,746          | 24,249              |          | 2,116,962.59   | 87.30         | .050      | 565.13        | 4.36      |
| PRINCIPAL SURGEON                       | 2,856          | 5,407               |          | 1,614,887.85   | 298.67        | .011      | 565.44        | 3.32      |
| ASSISTANT SURGEON                       | 318            | 357                 |          |                | 218.76        | .001      | 245.59        | .16       |
| ANESTHESIOLOGIST                        | 1,426          | 18,485              |          | 423,978.38     | 22.94         | .038      | 297.32        | .87       |
| OUTPATIENT SURGERY                      | 7,611          | 17,599              |          | 1,604,437.09   | 91.17         | .036      | 210.81        | 3.30      |
| PRINCIPAL SURGEON                       | 6,414          | 8,313               |          | 1,333,992.86   | 160.47        | .017      | 207.98        | 2.75      |
| ASSISTANT SURGEON                       | . 60           | ,<br>60             |          | 10,130.65      | 168.84        | .000      | 168.84        | .02       |
| ANESTHESIOLOGIST                        | 1,659          | 9,226               |          | 260,313.58     | 28.22         | .019      | 156.91        | .54       |
| DIALYSIS                                | 1,163          | 4,671               |          | 363,164.11     | 77.75         | .010      | 312.26        | .75       |
| PATHOLOGY                               | 12,104         | 27,867              |          | •              | 13.88         | .057      | 31.95         | .80       |
| RADIOLOGY                               | 27,463         | 62,412              |          | 2,994,218.28   | 47.98         | .128      | 109.03        | 6.16      |
| PSYCHIATRY                              | 71             | 88                  |          | 3,910.11       | 44.43         | .000      | 55.07         | .01       |
| IMMUNIZATION AND INJECTION              | 4,379          | 38,350              |          |                | 30.85         | .079      | 270.14        | 2.44      |
| OTHER SERVICES/ALL X-OVERS              | 56,635         | 171,453             |          | 3,564,159.59   | 20.79         | .353      | 62.93         | 7.34      |
| @PHARMACY                               | 316,823        | •                   | Ś        | 136,495,344.20 |               | 15.773 \$ |               |           |
| PRESCRIPTION DRUGS                      | 312,055        | 1,509,578           | т        | 128,304,937.58 | 84.99         | 3.108     | 411.16        | 264.13    |
| SNF/ICF                                 | 10,244         | 75,178              |          | 5,984,605.08   | 79.61         | .155      | 584.21        | 12.32     |
| OUTPATIENTS                             | 303,926        | •                   |          | 122,320,332.50 | 85.28         | 2.953     | 402.47        | 251.81    |
| OOTLATIBILD                             | 303, 320       | 1, 101, 100         |          | 122,320,332.30 | 03.20         | 2.700     | 102.1         | 201.01    |

| MEDICAL SUPPLIES             | 32,815          | 6,152,632        |        | 8,190,406.62       |        | 1.33        | 12.666    |     | 249.59    |     | 16.86         |
|------------------------------|-----------------|------------------|--------|--------------------|--------|-------------|-----------|-----|-----------|-----|---------------|
| @DENTIST                     | 27,497          | 129,468          | Ś      | 4,738,444.87       | Ś      | 36.60       | .267      | Ś   | 172.33    | Ś   | 9.75          |
| VISITS - DIAGNOSTIC          | 18,103          | 82,839           | Τ      | 986,390.55         | т      | 11.91       | .171      | т   | 54.49     | Τ.  | 2.03          |
| ORAL SURGERY                 | 5,163           | 13,405           |        | 683,495.73         |        | 50.99       | .028      |     | 132.38    |     | 1.41          |
| DRUGS                        | 35              | 38               |        | 520.00             |        | 13.68       | .000      |     | 14.86     |     | .00           |
| ANESTHESIA                   | 43              | 46               |        | 3,800.00           |        | 82.61       | .000      |     | 88.37     |     | .01           |
| PERIODONTICS                 | 1,881           | 2,074            |        | 227,610.49         |        | 109.74      | .004      |     | 121.01    |     | .47           |
| ENDODONTICS ENDODONTICS      | 1,605           | 2,319            |        | 525,663.10         |        | 226.68      | .004      |     | 327.52    |     | 1.08          |
|                              | 7,126           | 16,854           |        | 1,109,458.75       |        | 65.83       | .035      |     | 155.69    |     | 2.28          |
| RESTORATIVE DENTISTRY        | 346             | 366              |        | 1,109,436.73       |        | 31.45       | .033      |     | 33.27     |     | .02           |
| PROSTHETICS                  |                 |                  |        |                    |        |             |           |     |           |     | 2.42          |
| DENTURES, STAYPLATES         | 3,412           | 10,555           |        | 1,176,445.50       |        | 111.46      | .022      |     | 344.80    |     |               |
| SPACE MAINTAINERS            | 10              | 11               |        | 1,120.00           |        | 101.82      | .000      |     | 112.00    |     | .00           |
| MAXILLOFACIAL SERVICES       | 11              | 12               |        | 1,010.25           |        | 84.19       | .000      |     | 91.84     |     | .00           |
| FRACTURES, DISLOCATIONS      | 1               | 1                |        | 140.00             |        | 140.00      | .000      |     | 140.00    |     | .00           |
| ORTHODONTIC SERVICES         | 139             | 158              |        | 10,255.00          |        | 64.91       | .000      |     | 73.78     |     | .02           |
| ALL OTHER SERVICES           | 606             | 790              |        | 1,025.00           |        | 1.30        | .002      |     | 1.69      |     | .00           |
| #CALIF DEPT OF HEALTH SERV   |                 |                  | JRES 1 | MONTH-OF-PAYMENT R | REPOR' | r for Jan 2 | 2004 THRU | DEC | 2004      | P   | AGE 10,786    |
| MOP024                       | FEE-FOR-SERVIC  |                  |        |                    |        |             |           |     |           |     | 03/14/05      |
| SACRAMENTO COUNTY            | SUMMARY OF SER  | VICES FOR ALL DI | SABLE  | ED                 |        |             |           |     |           |     |               |
|                              |                 |                  |        |                    |        |             | M         | ONT | HLY AVERA | .GE |               |
| 485,769 ELIGIBLES            | USERS           | UNITS OF SERVIC  | Έ      | EXPENDITURES       |        | ERAGE COST  |           |     | COST PER  |     | COST PER      |
|                              |                 | OR DAYS OF CAR   | RE     |                    | PE     | R UNIT/DAY  | PER ELIG  |     | USER      |     | ELIGIBLE      |
| @OPTOMETRIST                 | 10,137          | 31,376           | \$     | 659,352.34         | \$     | 21.01       | .065      | \$  | 65.04     | \$  | 1.36          |
| DIAGNOSTIC AND ANC. PROCED   | 5,420           | 5,911            |        | 232,997.27         |        | 39.42       | .012      |     | 42.99     |     | .48           |
| EYE APPLIANCES               | 8,268           | 24,825           |        | 408,706.66         |        | 16.46       | .051      |     | 49.43     |     | .84           |
| OTHER OPTOMETRIC SERVICES    | 506             | 640              |        | 17,648.41          |        | 27.58       | .001      |     | 34.88     |     | .04           |
| @CHIROPRACTOR                | 803             | 1,552            | \$     | 25,588.22          | \$     | 16.49       | .003      | \$  | 31.87     | \$  | .05           |
| VISITS                       | 781             | 1,512            |        | 25,076.40          |        | 16.58       | .003      |     | 32.11     |     | .05           |
| OTHER SERVICES               | 22              | 40               |        | 511.82             |        | 12.80       | .000      |     | 23.26     |     | .00           |
| @PODIATRIST                  | 6,260           | 10,949           | \$     | 176,748.41         | \$     | 16.14       | .023      | \$  | 28.23     | \$  | .36           |
| MEDICINE/INJECTIONS          | 2,302           | 2,567            |        | 74,907.87          | ·      | 29.18       | .005      |     | 32.54     | •   | .15           |
| SURGERY/ANES.                | 186             | 289              |        | 11,788.62          |        | 40.79       | .001      |     | 63.38     |     | .02           |
| RADIO./PATHOLOGY             | 157             | 211              |        | 3,722.21           |        | 17.64       | .000      |     | 23.71     |     | .01           |
| OTHER                        | 3,939           | 7,882            |        | 86,329.71          |        | 10.95       | .016      |     | 21.92     |     | .18           |
| @HOME HEALTH AGENCY          | 2,860           | 184,424          | \$     | 6,382,923.06       | \$     | 34.61       | .380      | \$  | 2231.79   | \$  | 13.14         |
| NURSE ANESTHESIST            | 154             | 1,462            | \$     | 5,397.07           | \$     | 3.69        | .003      | \$  | 35.05     | \$  | .01           |
| NURSE MIDWIFE                | 8               | 48               | \$     | 1,767.81           | \$     | 36.83       | .000      | \$  | 220.98    | Ś   | .00           |
| PEDIATRIC NURSE PRACTITIONER |                 | 17               | \$     | 499.79             | \$     | 29.40       | .000      | \$  | 31.24     | Ś   | .00           |
| FAMILY NURSE PRACTITIONER    | 973             | 2,571            | \$     | 58,301.33          | \$     | 22.68       | .005      | \$  | 59.92     | Ś   | .12           |
| @TOTAL HOSPITAL              | 55 <b>,</b> 612 | 431,671          | Ś      | 65,195,535.53      |        | 151.03      |           | \$  |           | Ś   | 134.21        |
| HOSP INPATIENT TOTAL         | 7,377           | 44,922           | Ą      | 55,741,662.00      | ې      | 1240.85     | .092      | ۲   | 7556.14   | ې   | 114.75        |
| HSC HOSPITALS                | 5,740           | 39,482           |        | 49,442,926.69      |        | 1252.29     | .092      |     | 8613.75   |     | 101.78        |
|                              |                 |                  |        |                    |        |             |           |     | 8522.50   |     |               |
| NON-HSC HOSPITAL TOTAL       | 593<br>589      | 5,440            |        | 5,053,840.15       |        | 929.01      | .011      |     |           |     | 10.40<br>4.75 |
| ACCOMMODATIONS               |                 | 5,440            |        | 2,305,376.46       |        | 423.78      | .011      |     | 3914.05   |     |               |
| ADMINISTRATIVE DAYS          | 29              | 304              |        | 60,328.45          |        | 198.45      | .001      |     | 2080.29   |     | .12           |
| TRANSITIONAL IP CARE         | 0               | 0                |        | .00                |        | .00         | .000      |     | .00       |     | .00           |
| ALL OTHER ACCOM              | 561             | 5,136            |        | 2,245,048.01       |        | 437.12      | .011      |     | 4001.87   |     | 4.62          |

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0

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386,749

18,591

3,522 136,001 20,038

40,565

2,748,463.69

1,244,895.16

9,453,873.53 831,508.92

170,457.95 1,083,193.23 1,828,511.01

1,544,566.24

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7.96

91.25

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4690.21

969.54

186.28

73.79

55.56

58.81

159.49

57.83

.00

5.66

2.56

19.46

1.71

.35

2.23

3.76

3.18

.00

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

586

0

1,284

50,750

11,269

18,420

11,465

26,708

3,068

| CROSSOVERS/ALL OTH OUTPINT  | •               | 168,032           |         | 3,995,636.18    |          | 23.78   | .346      |      | 159.21    |     | 8.23      |
|-----------------------------|-----------------|-------------------|---------|-----------------|----------|---------|-----------|------|-----------|-----|-----------|
| @COUNTY HOSPITAL TOTAL      | 380             | 1 <b>,</b> 976    | \$      | 521,411.87      | \$ 2     | 63.87   | .004      | \$   | 1372.14   | \$  | 1.07      |
| CO HOSPITAL INPATIENT TOTAL | 50              | 410               |         | 475,430.41      | 11       | 59.59   | .001      |      | 9508.61   |     | .98       |
| HSC HOSPITALS               | 44              | 377               |         | 433,132.12      | 11       | 48.89   | .001      |      | 9843.91   |     | .89       |
| NON-HSC HOSPITALS TOTAL     | 7               | 33                |         | 42,298.29       | 12       | 81.77   | .000      |      | 6042.61   |     | .09       |
| ACCOMMODATIONS              | 6               | 33                |         | 16,640.10       | 5        | 04.25   | .000      |      | 2773.35   |     | .03       |
| ADMINISTRATIVE DAYS         | 0               | 0                 |         | .00             |          | .00     | .000      |      | .00       |     | .00       |
| TRANSITIONAL IP CARE        | 0               | 0                 |         | .00             |          | .00     | .000      |      | .00       |     | .00       |
| ALL OTHER ACCOM             | 6               | 33                |         | 16,640.10       | 5        | 04.25   | .000      |      | 2773.35   |     | .03       |
| ANCILLARIES                 | 7               | 0                 |         | 25,658.19       |          | .00     | .000      |      | 3665.46   |     | .05       |
| INPATIENT CROSSOVERS        | 0               | 0                 |         | .00             |          | .00     | .000      |      | .00       |     | .00       |
| ALL OTHER INPATIENT         | 0               | 0                 |         | .00             |          | .00     | .000      |      | .00       |     | .00       |
| CO HOSP OUTPATIENT TOTAL    | 339             | 1,566             |         | 45,981.46       |          | 29.36   | .003      |      | 135.64    |     | .09       |
| MEDICAL                     | 131             | 187               |         | 6,040.41        |          | 32.30   | .000      |      | 46.11     |     | .01       |
| SURGERY                     | 30              | 43                |         | 1,527.48        |          | 35.52   | .000      |      | 50.92     |     | .00       |
| PATHOLOGY                   | 125             | 596               |         | 9,349.06        |          | 15.69   | .001      |      | 74.79     |     | .02       |
| RADIOLOGY                   | 59              | 90                |         | 8,706.53        |          | 96.74   | .000      |      | 147.57    |     | .02       |
| ROOM USE                    | 194             | 276               |         | 11,771.43       |          | 42.65   | .001      |      | 60.68     |     | .02       |
| CROSSOVERS/ALL OTH OUTPTNT  | 168             | 374               |         | 8,586.55        |          | 22.96   | .001      |      | 51.11     |     | .02       |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC | ES AND EXPENDITUR | ES MON' | TH-OF-PAYMENT F | REPORT F | OR JAN  | 2004 THRU | DEC  | 2004      | PAG | GE 10,787 |
| MOP024                      | FEE-FOR-SERVICE | /DENTAL           |         |                 |          |         |           |      |           |     | 03/14/05  |
| SACRAMENTO COUNTY           | SUMMARY OF SERV | ICES FOR ALL DISA | ABLED   |                 |          |         |           |      |           |     |           |
|                             |                 |                   |         |                 |          |         | M         | IONT | HLY AVERA | GE  |           |
| 485,769 ELIGIBLES           | USERS           | UNITS OF SERVICE  |         | EXPENDITURES    | AVERA    | GE COST | UNITS/DAY | S    | COST PER  | C   | OST PER   |
|                             |                 | OR DAYS OF CARE   |         |                 | PER U    | NIT/DAY | PER ELIC  | j    | USER      | E   | LIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL   | 55 <b>,</b> 307 | 429,695           | \$      | 64,674,123.66   | \$ 1     | 50.51   | .885      | \$   | 1169.37   | \$  | 133.14    |
| COMM HOSP INPATIENT TOTAL   | 7,333           | 44,512            |         | 55,266,231.59   | 12       | 41.60   | .092      |      | 7536.65   |     | 113.77    |
| UCC UCCDITATIC              | 5 701           | 20 105            |         | 10 000 701 57   | 1 2      | 52 20   | 001       |      | 0506 70   |     | 100 00    |

| 485,769 ELIGIBLES           | USERS          | UNITS OF SERVICE | ,  | EXPENDITURES                            | AVERAGE COST |      | COOT DED    | COST PER    |
|-----------------------------|----------------|------------------|----|---|--------------|------|-------------|-------------|
| 405,709 EHIGIBLES           | ODEIND         | OR DAYS OF CARE  |    | EXFENDITORES                            | PER UNIT/DAY |      | USER        | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | 55,307         | 429,695          | \$ | 64,674,123.66                           | \$ 150.51    |      | \$ 1169.37  |             |
|                             | ,              | 44,512           | Ÿ  | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 1241.60      |      | 7536.65     | 113.77      |
| HSC HOSPITALS               | 5,701          | 39,105           |    | 49,009,794.57                           | 1253.29      |      | 8596.70     | 100.89      |
| NON-HSC HOSPITALS TOTAL     | 586            | 5,407            |    | 5,011,541.86                            | 926.86       | .011 | 8552.12     | 10.32       |
| ACCOMMODATIONS              | 583            | 5,407            |    | 2,288,736.36                            | 423.29       | .011 | 3925.79     | 4.71        |
| ADMINISTRATIVE DAYS         | 29             | 3,407            |    | 60,328.45                               | 198.45       | .001 | 2080.29     | .12         |
|                             | 29             | 0                |    | .00                                     |              |      |             |             |
| TRANSITIONAL IP CARE        | 555            | 5 <b>,</b> 103   |    |   | .00          | .000 | .00         |             |
| ALL OTHER ACCOM             | 579            |                  |    |   | 436.69       | .011 | 4015.15     |             |
| ANCILLARIES                 |                | 0                |    | 2,722,805.50                            | .00          | .000 | 4702.60     |             |
| INPATIENT CROSSOVERS        | 1,284          | 0                |    | 1,244,895.16                            | .00          | .000 | 969.54      |             |
| ALL OTHER INPATIENT         | 0              | 0                |    | .00                                     | .00          | .000 | .00         | .00         |
|                             | 50,467         | 385,183          |    |   |              | .793 | 186.42      |             |
| MEDICAL                     | 11,146         | 18,404           |    | 825,468.51                              | 44.85        | .038 | 74.06       | 1.70        |
| SURGERY                     | 3,038          | 3 <b>,</b> 479   |    | 168,930.47                              | 48.56        | .007 | 55.61       | .35         |
| PATHOLOGY                   |                | 135,405          |    |   | 7.93         | .279 | 58.64       |             |
| RADIOLOGY                   |                | 19,948           |    |   | 91.23        | .041 | 159.51      |             |
| ROOM USE                    |                | 40,289           |    |   | 38.04        |      | 57.75       |             |
|                             |                | 167,658          |    |   | 23.78        |      | 159.81      | 8.21        |
| @STATE HOSPITAL             | 19             | 685              | \$ | 406,856.77                              |              | .001 | \$ 21413.51 | \$<br>.84   |
| MENTALLY ILL                | 1              | 31               |    | 14,349.35                               | 462.88       | .000 | 14349.35    | .03         |
| DEVELOP. DISABLED           | 18             | 654              |    | 392,507.42                              | 600.16       | .001 | 21805.97    | .81         |
| @NURSING FACILITY           | 6 <b>,</b> 455 | 188,101          | \$ | 27,226,651.51                           | \$ 144.74    | .387 | \$ 4217.92  | \$<br>56.05 |
| LEV A-INTERMEDIATE          | 146            | 4,606            |    | 301,756.34                              | 65.51        | .009 | 2066.82     | .62         |
| LEV B-REHAB MD              | 347            | 11,021           |    | 1,168,785.16                            | 106.05       | .023 | 3368.26     | 2.41        |
| LEV B-SUBACUTE FREESTANDING | 16             | 498              |    | 291,361.73                              | 585.06       | .001 | 18210.11    | .60         |
| LEV B-SUBACUTE HSPTL BASED  | 223            | 7,432            |    | 4,125,133.38                            | 555.05       | .015 | 18498.36    | 8.49        |
| LEV B-TRANSITIONAL IP CARE  | 0              | 0                |    | .00                                     | .00          | .000 | .00         | .00         |
| LEV B-REGULAR               | 5,740          | 164,544          |    | 21,339,614.90                           | 129.69       | .339 | 3717.70     | 43.93       |
| @INTERMEDIATE CARE FACILDD  | 1,715          | 52,174           |    |   |              | .107 | \$ 4636.88  | \$<br>16.37 |
| ICF DDH                     | 1,011          | 31,321           |    |   | 158.05       | .064 |             | 10.19       |
| ICF DD                      | 574            | 17,014           |    | 2,268,888.16                            | 133.35       | .035 | 3952.77     | 4.67        |
|                             |                | ,                |    | ,,                                      |              |      |             |             |

| ICF DDN/DDCN                 | 130                 | 3 <b>,</b> 839   |       | 733,195.43       |        | 190.99  | .008      |       | 5639.96    |      | 1.51      |
|------------------------------|---------------------|------------------|-------|------------------|--------|---------|-----------|-------|------------|------|-----------|
| @HEMODIALYSIS TOTAL          | 4,776               | 163,440          | \$    | 6,598,517.13     | \$     | 40.37   | .336      | \$    | 1381.60    | \$   | 13.58     |
| HOSPITAL BASED               | 106                 | 1,912            |       | 365,031.34       |        | 190.92  | .004      |       | 3443.69    |      | .75       |
| HEMODIALYSIS CENTER          | 4,673               | 161,528          |       | 6,233,485.79     |        | 38.59   | .333      |       | 1333.94    |      | 12.83     |
| @REHABILITATION FACILITY     | 2,079               | 17 <b>,</b> 975  | \$    | 350,159.83       | \$     | 19.48   | .037      | \$    | 168.43     | \$   | .72       |
| HOSPITAL BASED               | 755                 | 2,838            |       | 82,486.33        |        | 29.06   | .006      |       | 109.25     |      | .17       |
| INDEPENDENT FACILITY         | 1,331               | 15 <b>,</b> 137  |       | 267,673.50       |        | 17.68   | .031      |       | 201.11     |      | .55       |
| @LABORATORY FACILITY         | 27 <b>,</b> 584     | 126 <b>,</b> 659 | \$    | 1,396,040.78     | \$     | 11.02   | .261      | \$    | 50.61      | \$   | 2.87      |
| PATHOLOGY                    | 27 <b>,</b> 254     | 125,481          |       | 1,387,148.76     |        | 11.05   | .258      |       | 50.90      |      | 2.86      |
| XO AND OTHERS                | 338                 | 1,178            |       | 8,892.02         |        | 7.55    | .002      |       | 26.31      |      | .02       |
| @ORGANIZED OUTPATIENT CLINIC | 10,509              | 28,003           | \$    | 1,200,276.69     | \$     | 42.86   | .058      | \$    | 114.21     | \$   | 2.47      |
| CLINIC                       | 6,498               | 17 <b>,</b> 167  |       | 366,322.26       |        | 21.34   | .035      |       | 56.37      |      | .75       |
| SURGICENTER                  | 1,112               | 5 <b>,</b> 468   |       | 211,304.20       |        | 38.64   | .011      |       | 190.02     |      | .43       |
| HEROIN DETOX CLINIC          | 44                  | 524              |       | 5,453.38         |        | 10.41   | .001      |       | 123.94     |      | .01       |
| RURAL HEALTH CLINIC          | 2 <b>,</b> 895      | 4,844            |       | 617,196.85       |        | 127.41  | .010      |       | 213.19     |      | 1.27      |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES A | AND EXPENDITU    | RES 1 | MONTH-OF-PAYMENT | REPORT | FOR JAN | 2004 THRU | DEC   | 2004       | PA   | GE 10,788 |
| MOP024                       | FEE-FOR-SERVICE/DEN | NTAL             |       |                  |        |         |           |       |            |      | 03/14/05  |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES | S FOR ALL DI     | SABLI | ED               |        |         |           |       |            |      |           |
|                              |                     |                  |       |                  |        |         | N         | TIMON | HILY AVERA | GE - |           |

|                                |                 |                  |    |                    |              | M         | ONTHLY AVERA | GE . |          |
|--------------------------------|-----------------|------------------|----|--------------------|--------------|-----------|--------------|------|----------|
| 485,769 ELIGIBLES              | USERS           | UNITS OF SERVICE | €. | EXPENDITURES       | AVERAGE COST | UNITS/DAY | S COST PER   | (    | COST PER |
|                                |                 | OR DAYS OF CAR   | €  |                    | PER UNIT/DAY | PER ELIG  | USER         | ]    | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 74 <b>,</b> 581 | 8,143,460        | \$ | 21,311,816.35      | \$ 2.62      | 16.764    | \$ 285.75    | \$   | 43.87    |
| DURABLE MED. EQUIP.            | 5,901           | 27 <b>,</b> 220  |    | 3,536,951.87       | 129.94       | .056      | 599.38       |      | 7.28     |
| BLOOD BANK                     | 0               | 0                |    | .00                | .00          | .000      | .00          |      | .00      |
| HEARING AID DISPENSERS         | 125             | 151              |    | 35 <b>,</b> 850.63 | 237.42       | .000      | 286.81       |      | .07      |
| MEDICAL TRANSPORTATION         | 13,497          | 780 <b>,</b> 763 |    | 3,443,973.27       | 4.41         | 1.607     | 255.17       |      | 7.09     |
| AMBULANCES/AIR TRANS           | 8,221           | 62,422           |    | 1,138,125.96       | 18.23        | .129      | 138.44       |      | 2.34     |
| OTHER TRANS                    | 4,761           | 712 <b>,</b> 193 |    | 2,254,794.14       | 3.17         | 1.466     | 473.60       |      | 4.64     |
| OTHER SERVICES                 | 1,099           | 6 <b>,</b> 148   |    | 51,053.17          | 8.30         | .013      | 46.45        |      | .11      |
| ACUPUNCTURE                    | 2,271           | 5 <b>,</b> 149   |    | 90,447.92          | 17.57        | .011      | 39.83        |      | .19      |
| ADULT DAY HEALTH CARE CTR      | 2,413           | 36 <b>,</b> 230  |    | 2,492,181.68       | 68.79        | .075      | 1032.81      |      | 5.13     |
| GENETIC DISEASE TESTING        | 100             | 100              |    | 10,452.00          | 104.52       | .000      | 104.52       |      | .02      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 2,262           | 83 <b>,</b> 377  |    | 2,818,024.98       | 33.80        | .172      | 1245.81      |      | 5.80     |
| OCCUPATIONAL THERAPIST         | 102             | 4,063            |    | 13,408.93          | 3.30         | .008      | 131.46       |      | .03      |
| OPTICIAN                       | 11,372          | 26,440           |    | 293,525.54         | 11.10        | .054      | 25.81        |      | .60      |
| PHYSICAL THERAPIST             | 458             | 4,039            |    | 55,673.09          | 13.78        | .008      | 121.56       |      | .11      |
| PORTABLE X-RAY                 | 294             | 624              |    | 10,096.31          | 16.18        | .001      | 34.34        |      | .02      |
| PROSTHETIST/ORTHOTISTS         | 686             | 2,637            |    | 284,822.31         | 108.01       | .005      | 415.19       |      | .59      |
| PROSTHETICS                    | 683             | 2 <b>,</b> 633   |    | 284,488.73         | 108.05       | .005      | 416.53       |      | .59      |
| ORTHOTICS                      | 4               | 4                |    | 333.58             | 83.40        | .000      | 83.40        |      | .00      |
| PSYCHOLOGIST                   | 114             | 215              |    | 6,717.44           | 31.24        | .000      | 58.92        |      | .01      |
| SPEECH AND AUDIOLOGY           | 5 <b>,</b> 330  | 21,707           |    | 934,389.97         | 43.05        | .045      | 175.31       |      | 1.92     |
| HOSPICE SERVICES               | 343             | 9,314            |    | 1,250,788.07       | 134.29       | .019      | 3646.61      |      | 2.57     |
| NONINST BIRTHING CENTERS       | 1               | 1                |    | 1,106.68           | 1106.68      | .000      | 1106.68      |      | .00      |
| LOCAL EDUCATION AGENCIES       | 16,479          | 472,001          |    | 3,443,754.63       | 7.30         | .972      | 208.98       |      | 7.09     |
| EPSDT SUPPLEMENTAL SERVICE     | 177             | 13 <b>,</b> 257  |    | 388,490.54         | 29.30        | .027      | 2194.86      |      | .80      |
| RESPIRATORY CARE PRACT.        | 0               | 0                |    | .00                | .00          | .000      | .00          |      | .00      |
| PED SUBACUTE REHAB/WEANING     | 0               | 0                |    | .00                | .00          | .000      | .00          |      | .00      |
| ALL OTHER PROVIDERS            | 19,440          | 6,656,172        |    | 2,201,160.49       | .33          | 13.702    | 113.23       |      | 4.53     |
| @CALIF. CHILDREN SERVICES*     | 9,248           | 367 <b>,</b> 320 | \$ | 16,588,717.80      | \$ 45.16     | .756      | \$ 1793.76   | \$   | 34.15    |
| @XOVER EXCLUDING STATE HOSP**  | 55,832          | 662,039          | \$ | 8,531,828.41       | \$ 12.89     | 1.363     | \$ 152.81    | \$   | 17.56    |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

| SACIAMENTO COUNTI          | SOMMANT OF SERV | VICES FOR ALL PARTIES |                     |              |          |          | ~=       |
|----------------------------|-----------------|-----------------------|---------------------|--------------|----------|----------|----------|
|                            |                 |                       |                     |              | MON      |          |          |
| 356,960 ELIGIBLES          | USERS           | UNITS OF SERVICE      | EXPENDITURES        | AVERAGE COST |          | COST PER | COST PER |
|                            |                 | OR DAYS OF CARE       |                     | PER UNIT/DAY | _        | USER     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 196,215         | 1,215,902 \$          | 61,487,738.97       | \$ 50.57     | 3.406 \$ |          |          |
| @PHYSICIANS SERVICES       |                 | 164,064 \$            | 10,024,248.98       | \$ 61.10     | .460 \$  |          | •        |
| OUTPATIENT VISITS          | 38,388          | 55 <b>,</b> 500       | 2,365,964.18        | 42.63        | .155     | 61.63    | 6.63     |
| OFFICE VISITS              | 21 <b>,</b> 849 | 26 <b>,</b> 752       | 986,964.13          | 36.89        | .075     | 45.17    | 2.76     |
| HOME VISITS                | 183             | 206                   | 6 <b>,</b> 595.78   | 32.02        | .001     | 36.04    | .02      |
| EMERGENCY ROOM             | 9,183           | 10,116                | 566 <b>,</b> 765.68 | 56.03        | .028     | 61.72    | 1.59     |
| PREVENTIVE CARE            | 106             | 106                   | 4,656.16            | 43.93        | .000     | 43.93    | .01      |
| OB VISITS/COMPRE PERI      | 5 <b>,</b> 585  | 14,295                | 685 <b>,</b> 876.39 | 47.98        | .040     | 122.81   | 1.92     |
| OTHER OUTPATIENT           | 3 <b>,</b> 458  | 4,025                 | 115,106.04          | 28.60        | .011     | 33.29    | .32      |
| INPATIENT VISITS           | 5 <b>,</b> 209  | 22,828                | 2,152,395.53        | 94.29        | .064     | 413.21   | 6.03     |
| HOSPITAL VISITS            | 4,528           | 13 <b>,</b> 797       | 684 <b>,</b> 897.18 | 49.64        | .039     | 151.26   | 1.92     |
| CRITICAL CARE              | 1,083           | 8 <b>,</b> 950        | 1,463,882.77        | 163.56       | .025     | 1351.69  | 4.10     |
| SNF/ICF/TRANS IP CARE      | 16              | 81                    | 3,615.58            | 44.64        | .000     | 225.97   | .01      |
| OPHTHALMOLOGICAL SERVICES  | 562             | 786                   | 34,118.07           | 43.41        | .002     | 60.71    | .10      |
| EXAMINATIONS               | 500             | 717                   | 32,576.60           | 45.43        | .002     | 65.15    | .09      |
| SERVICES AND MATERIALS     | 66              | 69                    | 1,541.47            | 22.34        | .000     | 23.36    | .00      |
| INPATIENT HOSPITAL SURGERY | 4,257           | 20,708                | 2,721,597.51        | 131.43       | .058     | 639.32   | 7.62     |
| PRINCIPAL SURGEON          | 2,952           | 3 <b>,</b> 972        | 2,188,316.07        | 550.94       | .011     | 741.30   | 6.13     |
| ASSISTANT SURGEON          | 431             | 442                   | 93,482.03           | 211.50       | .001     | 216.90   | .26      |
| ANESTHESIOLOGIST           | 1,804           | 16,294                | 439,799.41          | 26.99        | .046     | 243.79   | 1.23     |
| OUTPATIENT SURGERY         | 3,284           | 7 <b>,</b> 534        | 638,931.45          | 84.81        | .021     | 194.56   | 1.79     |
| PRINCIPAL SURGEON          | 2,821           | 3 <b>,</b> 619        | 518 <b>,</b> 479.29 | 143.27       | .010     | 183.79   | 1.45     |
| ASSISTANT SURGEON          | 15              | 15                    | 2,645.34            | 176.36       | .000     | 176.36   | .01      |
| ANESTHESIOLOGIST           | 818             | 3,900                 | 117,806.82          | 30.21        | .011     | 144.02   | .33      |
| DIALYSIS                   | 102             | 384                   | 33,398.14           | 86.97        | .001     | 327.43   | .09      |
| PATHOLOGY                  | 4,706           | 9,554                 | 162,147.85          | 16.97        | .027     | 34.46    | .45      |
| RADIOLOGY                  | 12,503          | 24,394                | 1,066,796.98        | 43.73        | .068     | 85.32    | 2.99     |
| PSYCHIATRY                 | 22              | 24                    | 1,943.10            | 80.96        | .000     | 88.32    | .01      |
|                            |                 |                       |                     |              |          |          |          |

| IMMUNIZATION AND INJECTION | 1,128               | 5 <b>,</b> 374  | 132,403.26          | 24.64         | .015      | 117.38    | .37         |
|----------------------------|---------------------|-----------------|---------------------|---------------|-----------|-----------|-------------|
| OTHER SERVICES/ALL X-OVERS | 6 <b>,</b> 730      | 16,978          | 714,552.91          | 42.09         | .048      | 106.17    | 2.00        |
| @PHARMACY                  | 49,260              | 208,204 \$      | 7,920,038.41        | \$ 38.04      | .583      | \$ 160.78 | \$ 22.19    |
| PRESCRIPTION DRUGS         | 48,450              | 104,974         | 7,276,689.28        | 69.32         | .294      | 150.19    | 20.39       |
| SNF/ICF                    | 206                 | 788             | 125,849.32          | 159.71        | .002      | 610.92    | .35         |
| OUTPATIENTS                | 48,348              | 104,186         | 7,150,839.96        | 68.64         | .292      | 147.90    | 20.03       |
| MEDICAL SUPPLIES           | 2,442               | 103,230         | 643,349.13          | 6.23          | .289      | 263.45    | 1.80        |
| @DENTIST                   | 12,361              | 70,640 \$       | 1,641,484.89        | \$ 23.24      | .198      | \$ 132.80 | \$ 4.60     |
| VISITS - DIAGNOSTIC        | 9,439               | 50 <b>,</b> 676 | 637 <b>,</b> 978.78 | 12.59         | .142      | 67.59     | 1.79        |
| ORAL SURGERY               | 1,871               | 3 <b>,</b> 738  | 185,613.15          | 49.66         | .010      | 99.21     | .52         |
| DRUGS                      | 136                 | 158             | 3,025.00            | 19.15         | .000      | 22.24     | .01         |
| ANESTHESIA                 | 30                  | 29              | 1,900.00            | 65.52         | .000      | 63.33     | .01         |
| PERIODONTICS               | 216                 | 264             | 16,569.00           | 62.76         | .001      | 76.71     | .05         |
| ENDODONTICS                | 871                 | 1,467           | 173,389.50          | 118.19        | .004      | 199.07    | .49         |
| RESTORATIVE DENTISTRY      | 4,173               | 12,015          | 544,373.33          | 45.31         | .034      | 130.45    | 1.53        |
| PROSTHETICS                | 26                  | 31              | 850.00              | 27.42         | .000      | 32.69     | .00         |
| DENTURES, STAYPLATES       | 124                 | 474             | 30,306.90           | 63.94         | .001      | 244.41    | .08         |
| SPACE MAINTAINERS          | 109                 | 157             | 13,231.00           | 84.27         | .000      | 121.39    | .04         |
| MAXILLOFACIAL SERVICES     | 24                  | 27              | 1,422.48            | 52.68         | .000      | 59.27     | .00         |
| FRACTURES, DISLOCATIONS    | 1                   | 1               | .00                 | .00           | .000      | .00       | .00         |
| ORTHODONTIC SERVICES       | 541                 | 838             | 30,425.75           | 36.31         | .002      | 56.24     | .09         |
| ALL OTHER SERVICES         | 415                 | 765             | 2,400.00            | 3.14          | .002      | 5.78      | .01         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A |                 | MONTH-OF-PAYMENT R  | EPORT FOR JAN | 2004 THRU | DEC 2004  | PAGE 10,790 |
| MOP024                     | FEE-FOR-SERVICE/DEN | TAL             |                     |               |           |           | 03/14/05    |

MOP024 FEE-FOR-SERVICE/DENTAL
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

| DACKAMENTO COUNTI            | DOMMANT OF DER  | VICES FOR ALL FA | 1111111 | 0             |     |            |           |    |          |     |          |
|------------------------------|-----------------|------------------|---------|---------------|-----|------------|-----------|----|----------|-----|----------|
|                              |                 |                  |         |               |     |            | M         |    |          | GE. |          |
| 356,960 ELIGIBLES            | USERS           | UNITS OF SERVIC  | E       | EXPENDITURES  | AV: | ERAGE COST | UNITS/DAY | S  | COST PER |     | COST PER |
|                              |                 | OR DAYS OF CAR   | E       |               | PE: | R UNIT/DAY | PER ELIG  |    | USER     |     | ELIGIBLE |
| @OPTOMETRIST                 | 2,358           | 7,102            | \$      | 158,790.71    | \$  | 22.36      | .020      | \$ | 67.34    | \$  | . 44     |
| DIAGNOSTIC AND ANC. PROCED   | 1,893           | 2,071            |         | 84,569.98     |     | 40.84      | .006      |    | 44.68    |     | .24      |
| EYE APPLIANCES               | 1,727           | 4,999            |         | 73,277.31     |     | 14.66      | .014      |    | 42.43    |     | .21      |
| OTHER OPTOMETRIC SERVICES    | 31              | 32               |         | 943.42        |     | 29.48      | .000      |    | 30.43    |     | .00      |
| @CHIROPRACTOR                | 36              | 52               | \$      | 852.72        | \$  | 16.40      | .000      | \$ | 23.69    | \$  | .00      |
| VISITS                       | 36              | 52               |         | 852.72        |     | 16.40      | .000      |    | 23.69    |     | .00      |
| OTHER SERVICES               | 0               | 0                |         | .00           |     | .00        | .000      |    | .00      |     | .00      |
| @PODIATRIST                  | 134             | 197              | \$      | 7,808.42      | \$  | 39.64      | .001      | \$ | 58.27    | \$  | .02      |
| MEDICINE/INJECTIONS          | 119             | 133              |         | 6,037.14      |     | 45.39      | .000      |    | 50.73    |     | .02      |
| SURGERY/ANES.                | 21              | 32               |         | 912.89        |     | 28.53      | .000      |    | 43.47    |     | .00      |
| RADIO./PATHOLOGY             | 15              | 19               |         | 351.18        |     | 18.48      | .000      |    | 23.41    |     | .00      |
| OTHER                        | 11              | 13               |         | 507.21        |     | 39.02      | .000      |    | 46.11    |     | .00      |
| @HOME HEALTH AGENCY          | 539             | 18 <b>,</b> 290  | \$      | 603,415.48    | \$  | 32.99      | .051      | \$ | 1119.51  | \$  | 1.69     |
| NURSE ANESTHESIST            | 71              | 471              | \$      | 9,580.41      | \$  | 20.34      | .001      | \$ | 134.94   | \$  | .03      |
| NURSE MIDWIFE                | 66              | 651              | \$      | 18,689.67     | \$  | 28.71      | .002      | \$ | 283.18   | \$  | .05      |
| PEDIATRIC NURSE PRACTITIONER | 2               | 2                | \$      | 94.70         | \$  | 47.35      | .000      | \$ | 47.35    | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 184             | 475              | \$      | 11,938.05     | \$  | 25.13      | .001      | \$ | 64.88    | \$  | .03      |
| @TOTAL HOSPITAL              | 29 <b>,</b> 668 | 136,501          | \$      | 33,178,316.23 | \$  | 243.06     | .382      | \$ | 1118.32  | \$  | 92.95    |
| HOSP INPATIENT TOTAL         | 4,537           | 21,828           |         | 30,223,621.97 |     | 1384.63    | .061      |    | 6661.59  |     | 84.67    |
| HSC HOSPITALS                | 4,277           | 20,429           |         | 28,152,319.04 |     | 1378.06    | .057      |    | 6582.26  |     | 78.87    |
| NON-HSC HOSPITAL TOTAL       | 264             | 1 <b>,</b> 399   |         | 2,062,873.61  |     | 1474.53    | .004      |    | 7813.92  |     | 5.78     |
| ACCOMMODATIONS               | 259             | 1 <b>,</b> 399   |         | 1,097,319.90  |     | 784.36     | .004      |    | 4236.76  |     | 3.07     |
| ADMINISTRATIVE DAYS          | 2               | 2                |         | 442.82        |     | 221.41     | .000      |    | 221.41   |     | .00      |
| TRANSITIONAL IP CARE         | 0               | 0                |         | .00           |     | .00        | .000      |    | .00      |     | .00      |
| ALL OTHER ACCOM              | 257             | 1,397            |         | 1,096,877.08  |     | 785.17     | .004      |    | 4268.00  |     | 3.07     |
| ANCILLARIES                  | 256             | 0                |         | 965,553.71    |     | .00        | .000      |    | 3771.69  |     | 2.70     |
| INPATIENT CROSSOVERS         | 9               | 0                |         | 8,429.32      |     | .00        | .000      |    | 936.59   |     | .02      |
| ALL OTHER INPATIENT          | 0               | 0                |         | .00           |     | .00        | .000      |    | .00      |     | .00      |
|                              |                 |                  |         |               |     |            |           |    |          |     |          |

| HOSP OUTPATIENT TOTAL       | 26,894          | 114,673                | 2,954,694.26<br>240,205.24<br>94,576.56 | 25.77        |             | 109.86      | 8.28        |
|-----------------------------|-----------------|------------------------|---|--------------|-------------|-------------|-------------|
| MEDICAL                     | 4,112           | 5 <b>,</b> 920         | 240,205.24                              | 40.58        |             | 58.42       | .67         |
| SURGERY                     | 2,051           | 2,636                  | 94,576.56                               | 35.88        |             | 46.11       |             |
| PATHOLOGY                   | 8,756           | 46,220                 | 423,977.04                              | 9.17         | .129        | 48.42       |             |
| RADIOLOGY                   | 5,774           | 8,401                  | 696,646.23                              | 82.92        |             |             | 1.95        |
| ROOM USE                    | 16,399          | 20,963                 | 784,973.24                              | 37.45        | .059        | 47.87       | 2.20        |
| CROSSOVERS/ALL OTH OUTPTNT  | 12,620          | 30,533                 | 714,315.95                              | 23.39        | .086        | 56.60       | 2.00        |
| @COUNTY HOSPITAL TOTAL      | 349             | 2,000 \$               | 466,249.60                              | \$ 233.12    | .006 \$     | 1335.96     | \$ 1.31     |
| CO HOSPITAL INPATIENT TOTAL | 55              | 335                    | 413,280.44                              | 1233.67      | .001        | 7514.19     | 1.16        |
| HSC HOSPITALS               | 55              | 335                    | 413,280.44                              | 1233.67      | .001        | 7514.19     | 1.16        |
| NON-HSC HOSPITALS TOTAL     | 0               | 0                      | .00                                     | .00          | .000        | .00         | .00         |
| ACCOMMODATIONS              | 0               | 0                      | .00                                     | .00          | .000        | .00         | .00         |
| ADMINISTRATIVE DAYS         | 0               | 0                      | .00                                     | .00          | .000        | .00         | .00         |
| TRANSITIONAL IP CARE        | 0               | 0                      | .00                                     | .00          | .000        | .00         | .00         |
| ALL OTHER ACCOM             | 0               | 0                      | .00                                     | .00          | .000        | .00         | .00         |
| ANCILLARIES                 | 0               | 0                      | .00                                     | .00          | .000        | .00         | .00         |
| INPATIENT CROSSOVERS        | 0               | 0                      | .00                                     | .00          | .000        |             | .00         |
| ALL OTHER INPATIENT         | 0               | 0                      | .00                                     | .00          | .000        | .00         | .00         |
| CO HOSP OUTPATIENT TOTAL    | 317             | 1,665                  | 52,969.16                               | 31.81        |             |             | .15         |
| MEDICAL                     | 105             | 146                    | 5,052.64                                | 34.61        |             | 48.12       | .01         |
| SURGERY                     | 65              | 103                    | 3,522.38                                |              | .000        | 54.19       | .01         |
| PATHOLOGY                   | 119             | 633                    | 9,620.48                                |              |             | 80.84       | .03         |
| RADIOLOGY                   | 57              | 97                     | 7,757.35                                |              | .000        | 136.09      | .02         |
| ROOM USE                    | 207             | 341                    | 16,285.67                               | 47.76        | .001        | 78.67       | .05         |
| CROSSOVERS/ALL OTH OUTPTNT  | 157             | 345                    | 10,730.64                               | 31.10        | .001        | 68.35       | .03         |
| #CALIF DEPT OF HEALTH SERV  |                 | ES AND EXPENDITURES MC |   |              | 004 THRU DE | C 2004      | PAGE 10,791 |
| MOP024                      | FEE-FOR-SERVICE | /DENTAL                |   |              |             |             | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERV | ICES FOR ALL FAMILIES  | }                                       |              |             |             |             |
|                             |                 |                        |   |              | MON         | THLY AVERAG | GE          |
| 356,960 ELIGIBLES           | USERS           | UNITS OF SERVICE       | EXPENDITURES                            |              |             |             | COST PER    |
| ,                           |                 | OR DAYS OF CARE        |   | PER UNIT/DAY | PER ELIG    | USER        | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | 29,352          | 134,501 \$             | 32,712,066.63                           | \$ 243.21    | .377 \$     | 1114.47     | \$ 91.64    |
| COMM HOSP INPATIENT TOTAL   | 4,482           | 21,493                 | 29,810,341.53                           | 1386.98      | .060        | 6651.12     | 83.51       |
| HSC HOSPITALS               | 4,222           | 20,094                 | 27,739,038.60                           | 1380.46      | .056        | 6570.12     | 77.71       |
| NON-HSC HOSPITALS TOTAL     | 264             | 1,399                  |   | 1474.53      | .004        |             | 5.78        |
| ACCOMMODATIONS              | 259             | 1,399                  | 1,097,319.90                            | 784.36       | .004        | 4236.76     | 3.07        |
| ADMINISTRATIVE DAYS         | 2               | 2                      | 442.82                                  | 221.41       | .000        | 221.41      | .00         |
| MDANCIMIONAL ID CARE        | 0               | 0                      | 0.0                                     | 00           | 000         | 00          | 0.0         |

| 356,960 ELIGIBLES           | USERS           | UNITS OF SERVIC |    | EXPENDITURES        | AVERAGE COST |          |             | COST PER    |
|-----------------------------|-----------------|-----------------|----|---------------------|--------------|----------|-------------|-------------|
|                             |                 | OR DAYS OF CAR  | RE |                     | PER UNIT/DAY | PER ELIG | USER        | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | 29 <b>,</b> 352 | 134,501         | \$ | 32,712,066.63       | \$ 243.21    | .377     | \$ 1114.47  | \$<br>91.64 |
| COMM HOSP INPATIENT TOTAL   | 4,482           | 21,493          |    | 29,810,341.53       | 1386.98      | .060     | 6651.12     | 83.51       |
| HSC HOSPITALS               | 4,222           | 20,094          |    | 27,739,038.60       | 1380.46      | .056     | 6570.12     | 77.71       |
| NON-HSC HOSPITALS TOTAL     | 264             | 1,399           |    | 2,062,873.61        | 1474.53      | .004     | 7813.92     | 5.78        |
| ACCOMMODATIONS              | 259             | 1,399           |    | 1,097,319.90        | 784.36       | .004     | 4236.76     | 3.07        |
| ADMINISTRATIVE DAYS         | 2               | 2               |    | 442.82              | 221.41       | .000     | 221.41      | .00         |
| TRANSITIONAL IP CARE        | 0               | 0               |    | .00                 | .00          | .000     | .00         | .00         |
| ALL OTHER ACCOM             | 257             | 1,397           |    | 1,096,877.08        | 785.17       | .004     | 4268.00     | 3.07        |
| ANCILLARIES                 | 256             | 0               |    | 965 <b>,</b> 553.71 | .00          | .000     | 3771.69     | 2.70        |
| INPATIENT CROSSOVERS        | 9               | 0               |    | 8,429.32            | .00          | .000     | 936.59      | .02         |
| ALL OTHER INPATIENT         | 0               | 0               |    | .00                 | .00          | .000     | .00         | .00         |
| COMM HOSP OUTPATIENT TOTAL  | 26 <b>,</b> 606 | 113,008         |    | 2,901,725.10        | 25.68        | .317     | 109.06      | 8.13        |
| MEDICAL                     | 4,009           | 5 <b>,</b> 774  |    | 235,152.60          | 40.73        | .016     | 58.66       | .66         |
| SURGERY                     | 1,986           | 2,533           |    | 91,054.18           | 35.95        | .007     | 45.85       | .26         |
| PATHOLOGY                   | 8,644           | 45 <b>,</b> 587 |    | 414,356.56          | 9.09         | .128     | 47.94       | 1.16        |
| RADIOLOGY                   | 5,721           | 8,304           |    | 688,888.88          | 82.96        | .023     | 120.41      | 1.93        |
| ROOM USE                    | 16,206          | 20,622          |    | 768,687.57          | 37.28        | .058     | 47.43       | 2.15        |
| CROSSOVERS/ALL OTH OUTPINT  | 12,465          | 30,188          |    | 703,585.31          | 23.31        | .085     | 56.44       | 1.97        |
| @STATE HOSPITAL             | 1               | 31              | \$ | 12,985.42           | \$ 418.88    | .000     | \$ 12985.42 | \$<br>.04   |
| MENTALLY ILL                | 1               | 31              |    | 12,985.42           | 418.88       | .000     | 12985.42    | .04         |
| DEVELOP. DISABLED           | 0               | 0               |    | .00                 | .00          | .000     | .00         | .00         |
| @NURSING FACILITY           | 31              | 706             | \$ | 273,234.14          | \$ 387.02    | .002     | \$ 8814.00  | \$<br>.77   |
| LEV A-INTERMEDIATE          | 0               | 0               |    | .00                 | .00          | .000     | .00         | .00         |
| LEV B-REHAB MD              | 0               | 0               |    | .00                 | .00          | .000     | .00         | .00         |
| LEV B-SUBACUTE FREESTANDING | 11              | 364             |    | 223,455.96          | 613.89       | .001     | 20314.18    | .63         |
|                             |                 |                 |    |                     |              |          |             |             |

| LEV B-SUBACUTE HSPTL BASED   | 0                   | 0               |        | 1,979.10            |        | .00     | .000      |     | .00     |    | .01        |
|------------------------------|---------------------|-----------------|--------|---------------------|--------|---------|-----------|-----|---------|----|------------|
| LEV B-TRANSITIONAL IP CARE   | 0                   | 0               |        | .00                 |        | .00     | .000      |     | .00     |    | .00        |
| LEV B-REGULAR                | 20                  | 342             |        | 47,799.08           |        | 139.76  | .001      |     | 2389.95 |    | .13        |
| @INTERMEDIATE CARE FACILDD   | 2                   | 76              | \$     | 10,321.51           | \$     | 135.81  | .000      | \$  | 5160.76 | \$ | .03        |
| ICF DDH                      | 0                   | 0               |        | .00                 |        | .00     | .000      |     | .00     |    | .00        |
| ICF DD                       | 2                   | 76              |        | 10,321.51           |        | 135.81  | .000      |     | 5160.76 |    | .03        |
| ICF DDN/DDCN                 | 0                   | 0               |        | .00                 |        | .00     | .000      |     | .00     |    | .00        |
| @HEMODIALYSIS TOTAL          | 145                 | 14,069          | \$     | 363,703.60          | \$     | 25.85   | .039      | \$  | 2508.30 | \$ | 1.02       |
| HOSPITAL BASED               | 7                   | 71              |        | 19,324.31           |        | 272.17  | .000      |     | 2760.62 |    | .05        |
| HEMODIALYSIS CENTER          | 138                 | 13,998          |        | 344,379.29          |        | 24.60   | .039      |     | 2495.50 |    | .96        |
| @REHABILITATION FACILITY     | 459                 | 2,827           | \$     | 64,857.25           | \$     | 22.94   | .008      | \$  | 141.30  | \$ | .18        |
| HOSPITAL BASED               | 248                 | 1,030           |        | 31,465.44           |        | 30.55   | .003      |     | 126.88  |    | .09        |
| INDEPENDENT FACILITY         | 217                 | 1,797           |        | 33,391.81           |        | 18.58   | .005      |     | 153.88  |    | .09        |
| @LABORATORY FACILITY         | 13 <b>,</b> 739     | 43,366          | \$     | 544,159.53          | \$     | 12.55   | .121      | \$  | 39.61   | \$ | 1.52       |
| PATHOLOGY                    | 13 <b>,</b> 736     | 43,360          |        | 544,064.53          |        | 12.55   | .121      |     | 39.61   |    | 1.52       |
| XO AND OTHERS                | 4                   | 6               |        | 95.00               |        | 15.83   | .000      |     | 23.75   |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 12 <b>,</b> 536     | 37 <b>,</b> 408 | \$     | 1,566,757.04        | \$     | 41.88   | .105      | \$  | 124.98  | \$ | 4.39       |
| CLINIC                       | 8 <b>,</b> 539      | 29 <b>,</b> 519 |        | 754,193.42          |        | 25.55   | .083      |     | 88.32   |    | 2.11       |
| SURGICENTER                  | 276                 | 1,554           |        | 50,731.70           |        | 32.65   | .004      |     | 183.81  |    | .14        |
| HEROIN DETOX CLINIC          | 29                  | 368             |        | 3,968.35            |        | 10.78   | .001      |     | 136.84  |    | .01        |
| RURAL HEALTH CLINIC          | 3 <b>,</b> 712      | 5 <b>,</b> 967  |        | 757 <b>,</b> 863.57 |        | 127.01  | .017      |     | 204.17  |    | 2.12       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES A | AND EXPENDITU   | JRES M | ONTH-OF-PAYMENT F   | REPORT | FOR JAN | 2004 THRU | DEC | 2004    | PI | AGE 10,792 |
| MOP024                       | FEE-FOR-SERVICE/DEN | ITAL            |        |                     |        |         |           |     |         |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES | FOR ALL FA      | MILIE  | S                   |        |         |           |     |         |    |            |

| SACRAPENTO COUNTI              | SOMMANT OF SEN | VICES FOR ALL FAR. |                     |              | 1/01     |          |          |
|--------------------------------|----------------|--------------------|---------------------|--------------|----------|----------|----------|
| 050 000                        |                |                    |                     |              |          |          | GE       |
| 356,960 ELIGIBLES              | USERS          | UNITS OF SERVICE   | EXPENDITURES        | AVERAGE COST |          | COST PER | COST PER |
|                                |                | OR DAYS OF CARE    |                     | PER UNIT/DAY |          | USER     | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 73,140         | 510 <b>,</b> 770   | \$<br>-,,           | \$ 9.94      | 1.431 \$ |          |          |
| DURABLE MED. EQUIP.            | 657            | 3,445              | 181,100.29          | 52.57        | .010     | 275.65   | .51      |
| BLOOD BANK                     | 0              | 0                  | .00                 | .00          | .000     | .00      | .00      |
| HEARING AID DISPENSERS         | 1              | 1                  | 25.00               | 25.00        | .000     | 25.00    | .00      |
| MEDICAL TRANSPORTATION         | 2,235          | 23 <b>,</b> 819    | 356 <b>,</b> 686.94 | 14.97        | .067     | 159.59   | 1.00     |
| AMBULANCES/AIR TRANS           | 2,203          | 16 <b>,</b> 523    | 276 <b>,</b> 037.83 | 16.71        | .046     | 125.30   | .77      |
| OTHER TRANS                    | 36             | 7,226              | 21 <b>,</b> 187.97  | 2.93         | .020     | 588.55   | .06      |
| OTHER SERVICES                 | 59             | 70                 | 59,461.14           | 849.44       | .000     | 1007.82  | .17      |
| ACUPUNCTURE                    | 18             | 35                 | 678.11              | 19.37        | .000     | 37.67    | .00      |
| ADULT DAY HEALTH CARE CTR      | 8              | 81                 | 5,667.30            | 69.97        | .000     | 708.41   | .02      |
| GENETIC DISEASE TESTING        | 2,122          | 2,129              | 223,353.00          | 104.91       | .006     | 105.26   | .63      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 50             | 356                | 83,177.81           | 233.65       | .001     | 1663.56  | .23      |
| OCCUPATIONAL THERAPIST         | 3              | 130                | 470.89              | 3.62         | .000     | 156.96   | .00      |
| OPTICIAN                       | 14,649         | 30,690             | 274,687.31          | 8.95         | .086     | 18.75    | .77      |
| PHYSICAL THERAPIST             | 31             | 216                | 3,169.11            | 14.67        | .001     | 102.23   | .01      |
| PORTABLE X-RAY                 | 1              | 3                  | 87.96               | 29.32        | .000     | 87.96    | .00      |
| PROSTHETIST/ORTHOTISTS         | 123            | 232                | 36,936.71           | 159.21       | .001     | 300.30   | .10      |
| PROSTHETICS                    | 122            | 230                | 36,818.79           | 160.08       | .001     | 301.79   | .10      |
| ORTHOTICS                      | 1              | 2                  | 117.92              | 58.96        | .000     | 117.92   | .00      |
| PSYCHOLOGIST                   | 77             | 446                | 21,649.37           | 48.54        | .001     | 281.16   | .06      |
| SPEECH AND AUDIOLOGY           | 142            | 770                | 36,253.29           | 47.08        | .002     | 255.30   | .10      |
| HOSPICE SERVICES               | 11             | 150                | 20,218.94           | 134.79       | .000     | 1838.09  | .06      |
| NONINST BIRTHING CENTERS       | 10             | 10                 | 10,228.44           | 1022.84      | .000     | 1022.84  | .03      |
| LOCAL EDUCATION AGENCIES       | 53,034         | 356 <b>,</b> 878   | 3,619,608.46        | 10.14        | 1.000    | 68.25    | 10.14    |
| EPSDT SUPPLEMENTAL SERVICE     | 46             | 4,317              | 125,999.80          | 29.19        | .012     | 2739.13  | .35      |
| RESPIRATORY CARE PRACT.        | 0              | 0                  | .00                 | .00          | .000     | .00      | .00      |
| PED SUBACUTE REHAB/WEANING     | 0              | 0                  | .00                 | .00          | .000     | .00      | .00      |
| ALL OTHER PROVIDERS            | 454            | 87,062             | 76,463.08           | .88          | .244     | 168.42   | .21      |
| @CALIF. CHILDREN SERVICES*     | 10,202         | 244,827            | \$<br>19,939,978.95 | \$ 81.45     | .686 \$  | 1954.52  | \$ 55.86 |
|                                | *              | *                  | *                   |              |          |          |          |

@XOVER EXCLUDING STATE HOSP\*\* 158 902 \$ 28,577.55 \$ 31.68 .003 \$ 180.87 \$ .08

03/14/05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,793 MOP024 FEE-FOR-SERVICE/DENTAL

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR ALL MEDICALI | Y INDIGENT         |              |          |         |          |
|----------------------------|----------------|------------------------|--------------------|--------------|----------|---------|----------|
| 00.060.=======             |                |                        |                    |              | MON'     |         |          |
| 82,268 ELIGIBLES           | USERS          | UNITS OF SERVICE       | EXPENDITURES       | AVERAGE COST |          |         | COST PER |
| _                          |                | OR DAYS OF CARE        |                    | PER UNIT/DAY |          | USER    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 33,839         | 287,944 \$             | 11,384,598.52      | \$ 39.54     | 3.500 \$ | 336.43  |          |
| @PHYSICIANS SERVICES       | 14,429         | 34,017 \$              | 1,658,019.58       | \$ 48.74     | .413 \$  |         |          |
| OUTPATIENT VISITS          | 11,501         | 15,469                 | 578,312.19         | 37.39        | .188     | 50.28   | 7.03     |
| OFFICE VISITS              | 7,889          | 9,561                  | 318,664.54         | 33.33        | .116     | 40.39   | 3.87     |
| HOME VISITS                | 23             | 24                     | 834.95             | 34.79        | .000     | 36.30   | .01      |
| EMERGENCY ROOM             | 1,955          | 2,132                  | 115,472.57         | 54.16        | .026     | 59.07   | 1.40     |
| PREVENTIVE CARE            | 20             | 20                     | 927.89             | 46.39        | .000     | 46.39   | .01      |
| OB VISITS/COMPRE PERI      | 859            | 2,209                  | 107,975.85         | 48.88        | .027     | 125.70  | 1.31     |
| OTHER OUTPATIENT           | 1,225          | 1,523                  | 34,436.39          | 22.61        | .019     | 28.11   | .42      |
| INPATIENT VISITS           | 987            | 3,816                  | 320,005.73         | 83.86        | .046     | 324.22  | 3.89     |
| HOSPITAL VISITS            | 857            | 2,239                  | 106,261.78         | 47.46        | .027     | 123.99  | 1.29     |
| CRITICAL CARE              | 126            | 1,403                  | 207,612.42         | 147.98       | .017     | 1647.72 | 2.52     |
| SNF/ICF/TRANS IP CARE      | 58             | 174                    | 6,131.53           | 35.24        | .002     | 105.72  | .07      |
| OPHTHALMOLOGICAL SERVICES  | 157            | 185                    | 8,209.89           | 44.38        | .002     | 52.29   | .10      |
| EXAMINATIONS               | 143            | 171                    | 7,972.31           | 46.62        | .002     | 55.75   | .10      |
| SERVICES AND MATERIALS     | 14             | 14                     | 237.58             | 16.97        | .000     | 16.97   | .00      |
| INPATIENT HOSPITAL SURGERY | 586            | 2,870                  | 343,023.57         | 119.52       | .035     | 585.36  | 4.17     |
| PRINCIPAL SURGEON          | 377            | 470                    | 271,053.64         | 576.71       | .006     | 718.98  | 3.29     |
| ASSISTANT SURGEON          | 60             | 60                     | 10,516.25          | 175.27       | .001     | 175.27  | .13      |
| ANESTHESIOLOGIST           | 283            | 2,340                  | 61,453.68          | 26.26        | .028     | 217.15  | .75      |
| OUTPATIENT SURGERY         | 724            | 1,560                  | 113,318.39         | 72.64        | .019     | 156.52  | 1.38     |
| PRINCIPAL SURGEON          | 615            | 759                    | 90,297.20          | 118.97       | .009     | 146.82  | 1.10     |
| ASSISTANT SURGEON          | 1              | 1                      | 252.77             | 252.77       | .000     | 252.77  | .00      |
| ANESTHESIOLOGIST           | 195            | 800                    | 22,768.42          | 28.46        | .010     | 116.76  | .28      |
| DIALYSIS                   | 6              | 22                     | 2,570.19           | 116.83       | .000     | 428.37  | .03      |
| PATHOLOGY                  | 869            | 1,552                  | 19,607.58          | 12.63        | .019     | 22.56   | .24      |
|                            |                | 4,225                  |                    | 40.08        | .051     |         |          |
| RADIOLOGY                  | 2,381<br>6     | 4 <b>,</b> 225         | 169,330.90         | 33.14        |          | 71.12   | 2.06     |
| PSYCHIATRY                 | 217            | 552                    | 331.37             |              | .000     | 55.23   | .00      |
| IMMUNIZATION AND INJECTION |                |                        | 8,474.66           | 15.35        | .007     | 39.05   | .10      |
| OTHER SERVICES/ALL X-OVERS | 1,233          | 3,756                  | 94,835.11          | 25.25        | .046     | 76.91   | 1.15     |
| @PHARMACY                  | 13,544         | 66,827 \$              | 1,801,231.93       | \$ 26.95     | .812 \$  |         |          |
| PRESCRIPTION DRUGS         | 13,419         | 29,331                 | 1,721,333.77       | 58.69        | .357     | 128.28  | 20.92    |
| SNF/ICF                    | 241            | 2,209                  | 161,337.54         | 73.04        | .027     | 669.45  | 1.96     |
| OUTPATIENTS                | 13,198         | 27,122                 | 1,559,996.23       | 57.52        | .330     | 118.20  | 18.96    |
| MEDICAL SUPPLIES           | 515            | 37,496                 | 79,898.16          | 2.13         | .456     | 155.14  | . 97     |
| @DENTIST                   | 3,015          | 20,257 \$              |                    | \$ 23.49     | .246 \$  |         |          |
| VISITS - DIAGNOSTIC        | 2,352          | 14,963                 | 203,880.82         | 13.63        | .182     | 86.68   | 2.48     |
| ORAL SURGERY               | 451            | 975                    | 54 <b>,</b> 573.75 | 55.97        | .012     | 121.01  | .66      |
| DRUGS                      | 54             | 65                     | 1,340.00           | 20.62        | .001     | 24.81   | .02      |
| ANESTHESIA                 | 8              | 9                      | 700.00             | 77.78        | .000     | 87.50   | .01      |
| PERIODONTICS               | 13             | 15                     | 1,181.00           | 78.73        | .000     | 90.85   | .01      |
| ENDODONTICS                | 199            | 367                    | 43,122.69          | 117.50       | .004     | 216.70  | .52      |
| RESTORATIVE DENTISTRY      | 1,021          | 3,410                  | 156,333.28         | 45.85        | .041     | 153.12  | 1.90     |
| PROSTHETICS                | 1              | 1                      | 30.00              | 30.00        | .000     | 30.00   | .00      |
| DENTURES, STAYPLATES       | 5              | 20                     | 862.00             | 43.10        | .000     | 172.40  | .01      |
| SPACE MAINTAINERS          | 31             | 38                     | 4,511.00           | 118.71       | .000     | 145.52  | .05      |
|                            |                |                        |                    |              |          |         |          |

| MAXILLOFACIAL SERVICES     | 7                   | 10               | 430.15               | 43.02         | .000        | 61.45  | .01         |
|----------------------------|---------------------|------------------|----------------------|---------------|-------------|--------|-------------|
| FRACTURES, DISLOCATIONS    | 0                   | 0                | .00                  | .00           | .000        | .00    | .00         |
| ORTHODONTIC SERVICES       | 141                 | 225              | 8,097.50             | 35.99         | .003        | 57.43  | .10         |
| ALL OTHER SERVICES         | 93                  | 159              | 675.00               | 4.25          | .002        | 7.26   | .01         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITURES | MONTH-OF-PAYMENT REP | ORT FOR JAN 2 | 004 THRU DE | C 2004 | PAGE 10,794 |
| MOP024                     | FEE-FOR-SERVICE/DEN | ITAL             |                      |               |             |        | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES | FOR ALL MEDICA   | ALLY INDIGENT        |               |             |        |             |

| SACIAMENTO COUNTT            | SOPERANT OF SEL | (VICES FOR ALL M | DICAL    | ILI INDIGENI        |          |            | M        | ONT      | HLY AVERA | GE.      |          |
|------------------------------|-----------------|------------------|----------|---------------------|----------|------------|----------|----------|-----------|----------|----------|
| 82,268 ELIGIBLES             | USERS           | UNITS OF SERVI   | CE.      | EXPENDITURES        | ΔV       | ERAGE COST |          |          | COST PER  | .01      | COST PER |
| 02,200 111011110             | ODLINO          | OR DAYS OF CAL   |          | EXILINDITIONED      |          | R UNIT/DAY | PER ELIG |          | USER      |          | ELIGIBLE |
| @OPTOMETRIST                 | 555             | 1,540            | \$       | 34,554.18           | Ś        | 22.44      | .019     |          | 62.26     | Ś        | .42      |
| DIAGNOSTIC AND ANC. PROCED   | 422             | 456              | Τ        | 18,826.19           | Τ.       | 41.29      | .006     | Τ.       | 44.61     | Τ.       | .23      |
| EYE APPLIANCES               | 385             | 1,079            |          | 15,508.89           |          | 14.37      | .013     |          | 40.28     |          | .19      |
| OTHER OPTOMETRIC SERVICES    | 5               | 1,079            |          | 219.10              |          | 43.82      | .000     |          | 43.82     |          | .00      |
| @CHIROPRACTOR                | 52              | 89               | \$       | 1,488.08            | \$       | 16.72      | .001     | Ċ        |           | Ś        | .02      |
| VISITS                       | 52              | 89               | Ÿ        | 1,488.08            | Y        | 16.72      | .001     | Y        | 28.62     | Y        | .02      |
| OTHER SERVICES               | J2<br>0         | 0                |          | .00                 |          | .00        | .000     |          | .00       |          | .00      |
| @PODIATRIST                  | 31              | 46               | Ś        | 1,769.56            | Ś        | 38.47      | .001     | Ċ        |           | Ċ        | .02      |
| MEDICINE/INJECTIONS          | 26              | 31               | Ų        | 1,485.83            | ې        | 47.93      | .000     | ۲        | 57.06     | ۲        | .02      |
| SURGERY/ANES.                | 20              | 13               |          | 249.13              |          | 19.16      | .000     |          | 27.68     |          | .02      |
|                              | 9               | 13               |          |                     |          |            |          |          |           |          |          |
| RADIO./PATHOLOGY             | 2               | 2                |          | 34.60               |          | 17.30      | .000     |          | 17.30     |          | .00      |
| OTHER                        | 0               | 7 200            | <u> </u> | .00                 | <u>^</u> | .00        | .000     | <u>^</u> | .00       | <u> </u> | .00      |
| @HOME HEALTH AGENCY          | 83              | 7,302            | \$       | 213,822.74          | Ş        | 29.28      | .089     | \$       | 2576.18   | \$       | 2.60     |
| NURSE ANESTHESIST            | 19              | 154              | Ş        | 2,790.60            | Ş        | 18.12      | .002     | \$       | 146.87    | Ş        | .03      |
| NURSE MIDWIFE                | 8               | 53               | Ş        | 807.35              | Ş        | 15.23      | –        | \$       | 100.92    | Ş        | .01      |
| PEDIATRIC NURSE PRACTITIONER |                 | _ 3              | Ş        | 189.18              | Ş        | 63.06      |          | \$       | 63.06     | \$       | .00      |
| FAMILY NURSE PRACTITIONER    | 24              | 56               | \$       | 1,523.15            | \$       | 27.20      | –        | \$       | 63.46     | \$       | .02      |
| @TOTAL HOSPITAL              | 5 <b>,</b> 961  | 25 <b>,</b> 203  | \$       | 4,889,316.38        | \$       | 194.00     | .306     | \$       | 820.22    | \$       | 59.43    |
| HOSP INPATIENT TOTAL         | 655             | 3,244            |          | 4,373,048.71        |          | 1348.04    | .039     |          | 6676.41   |          | 53.16    |
| HSC HOSPITALS                | 629             | 3,118            |          | 4,206,332.95        |          | 1349.05    | .038     |          | 6687.33   |          | 51.13    |
| NON-HSC HOSPITAL TOTAL       | 27              | 126              |          | 166 <b>,</b> 715.76 |          | 1323.14    | .002     |          | 6174.66   |          | 2.03     |
| ACCOMMODATIONS               | 27              | 126              |          | 99,436.34           |          | 789.18     | .002     |          | 3682.83   |          | 1.21     |
|                              |                 |                  |          |                     |          |            |          |          |           |          |          |

| ADMINISTRATIVE DAYS         | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
|-----------------------------|----------------|-------------------------|-------------------------|--------------------|--------------|------------|-------------|
| TRANSITIONAL IP CARE        | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| ALL OTHER ACCOM             | 27             | 126                     | 99,436.34               | 789.18             | .002         | 3682.83    | 1.21        |
| ANCILLARIES                 | 27             | 0                       | 67,279.42               | .00                | .000         | 2491.83    | .82         |
| INPATIENT CROSSOVERS        | 0              | 0                       | 0.0                     | .00                | .000         | .00        | .00         |
| ALL OTHER INPATIENT         | 0              | 0<br>21,959             | .00                     | .00                | .000         | .00        | .00         |
|                             | 5,569          | 21.959                  | 516,267.67              | 23.51              | .267         |            | 6.28        |
| MEDICAL                     | 785            | 1,057                   | 44,069.43               | 41.69              | .013         | 56.14      | .54         |
| SURGERY                     | 439            | 515                     | 19,527.21               | 37.92              | .006         | 44.48      | .24         |
| PATHOLOGY                   | 1,873          | 8,487                   | 88,063.75               | 10.38              | .103         | 47.02      | 1.07        |
| RADIOLOGY                   | 1,163          | 1,586                   | 97,403.52               | 61.41              |              | 83.75      | 1.18        |
| ROOM USE                    | 4,060          | 5,124                   | 187,420.23              | 36.58              | .062         | 46.16      | 2.28        |
| CROSSOVERS/ALL OTH OUTPTNT  |                | 5,124                   | 79,783.53               | 15.37              | .063         | 43.15      | .97         |
| @COUNTY HOSPITAL TOTAL      | 64             | 327 \$                  |                         | \$ 181.35          |              | 926.60     |             |
| CO HOSPITAL INPATIENT TOTAL |                | 46                      |                         |                    | .004 \$      | 8530.00    | .62         |
| HSC HOSPITALS               | 6              | 46                      | 51,180.00               | 1112.61<br>1112.61 | .001         | 8530.00    | .62         |
|                             | 0              | 0                       |                         |                    |              |            |             |
| NON-HSC HOSPITALS TOTAL     | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| ACCOMMODATIONS              | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| ADMINISTRATIVE DAYS         |                | 0                       | .00                     | .00                | .000         | .00        | .00         |
| TRANSITIONAL IP CARE        | 0              | 0                       | .00                     | .00                | .000         | .00        |             |
| ALL OTHER ACCOM             | 0              | 0                       | .00                     | .00                | .000         | .00        |             |
| ANCILLARIES                 | 0              | 0                       | .00                     | .00                | .000         | .00        |             |
| INPATIENT CROSSOVERS        | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| ALL OTHER INPATIENT         | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL    | 61             | 281                     | 8,122.68<br>1,278.55    | 28.91<br>53.27     | .003         | 133.16     |             |
| MEDICAL                     | 21             | 24                      | •                       |                    | .000         | 60.88      |             |
| SURGERY                     | 11             | 16                      | 557.66                  | 34.85<br>18.21     | .000         | 50.70      | .01         |
| PATHOLOGY                   | 26             | 109                     | 1,984.96                | 18.21              | .001         | 76.34      | .02         |
| RADIOLOGY                   | 4              | 8                       |                         | 56.89              | .000         | 113.78     | .01         |
| ROOM USE                    | 44             | 69                      | 3,123.17                | 45.26              | .001         | 70.98      | .04         |
| CROSSOVERS/ALL OTH OUTPTNT  | 26             | 55                      | 723.24                  | 13.15              | .001         | 27.82      | .01         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVI | CES AND EXPENDITURES MO | NTH-OF-PAYMENT RE       | EPORT FOR JAN      | 2004 THRU DE | C 2004     | PAGE 10,795 |
| MOP024                      | FEE-FOR-SERVIC | E/DENTAL                |                         |                    |              |            | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SER | VICES FOR ALL MEDICALL  | Y INDIGENT              |                    |              |            |             |
|                             |                |                         |                         |                    | MON          | THLY AVERA | .GE         |
| 82,268 ELIGIBLES            | USERS          | UNITS OF SERVICE        | EXPENDITURES            | AVERAGE COST       | UNITS/DAYS   | COST PER   | COST PER    |
|                             |                | OR DAYS OF CARE         |                         | PER UNIT/DAY       | PER ELIG     | USER       | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | 5,901          | 24,876 \$               | 4,830,013.70            | \$ 194.16          |              | 818.51     | \$ 58.71    |
| COMM HOSP INPATIENT TOTAL   | 649            | 3,198                   | 4,321,868.71            | 1351.43            |              | 6659.27    | 52.53       |
| HSC HOSPITALS               | 623            | 3,072                   | 4,155,152.95            | 1352.59            | .037         | 6669.59    | 50.51       |
| NON-HSC HOSPITALS TOTAL     | 27             | 126                     | 166,715.76              | 1323.14            | .002         | 6174.66    | 2.03        |
| ACCOMMODATIONS              | 27             | 126                     | 99,436.34               | 789.18             | .002         | 3682.83    | 1.21        |
| ADMINISTRATIVE DAYS         | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| TRANSITIONAL IP CARE        | 0              | 0                       | 0.0                     | 0.0                | .000         | .00        | .00         |
| ALL OTHER ACCOM             | 27             | 126                     | 99,436.34               | 789.18             | .002         | 3682.83    |             |
| ANCILLARIES                 | 27             | 0                       | 67,279.42               | .00                | .000         | 2491.83    | .82         |
| INPATIENT CROSSOVERS        | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| ALL OTHER INPATIENT         | 0              | 0                       | .00                     | .00                | .000         | .00        | .00         |
| COMM HOSP OUTPATIENT TOTAL  | 5 <b>,</b> 511 | 21,678                  | 508,144.99              | 23.44              | .264         | 92.21      | 6.18        |
| MEDICAL                     | 764            | 1,033                   | 42,790.88               | 41.42              | .013         | 56.01      | .52         |
| SURGERY                     | 428            | 499                     | 18,969.55               | 38.02              | .006         | 44.32      | .23         |
| PATHOLOGY                   | 1,849          | 8,378                   | 86,078.79               | 10.27              | .102         | 46.55      | 1.05        |
|                             | 1,159          | 1,578                   | 96,948.42               | 61.44              | .019         | 83.65      | 1.18        |
| RADIOLOGY                   | 4,018          | 1,378<br>5,055          | •                       | 36.46              | .061         |            |             |
| ROOM USE                    | •              | •                       | 184,297.06<br>79,060.29 |                    |              | 45.87      | 2.24        |
| CROSSOVERS/ALL OTH OUTPTNT  | 1,823          | 5,135                   | •                       | 15.40              | .062         | 43.37      | .96         |
| @STATE HOSPITAL             | 9              | 266 \$                  | 142,504.40              | \$ 535.73          | .003 \$      | 15833.82   | \$ 1.73     |

| MENTALLY ILL  | 9  | 266   |                       | 142,504.40  | 53  | 5.73  | .003  | 1                 | .5833.82   |                       | 1.73   |
|---|--|---|-----------------------|---|---|---|---|-------------------|--|-----------------------|--|
| DEVELOP. DISABLED   | 0  | 0   |                       | .00   |   | .00   | .000  |                   | .00  |                       | .00  |
| @NURSING FACILITY   | 154  | 6 <b>,</b> 332  | \$                    | 1,248,178.21  | \$ 19   | 7.12  | .077  | \$                | 8105.05  | \$                    | 15.17  |
| LEV A-INTERMEDIATE  | 0  | 0   |                       | .00   |   | .00   | .000  |                   | .00  |                       | .00  |
| LEV B-REHAB MD  | 10   | 625   |                       | 77,536.00   | 12  | 4.06  | .008  |                   | 7753.60  |                       | .94  |
| LEV B-SUBACUTE FREESTANDING   | 14   | 607   |                       | 320,838.60  | 52  | 8.56  | .007  | 2                 | 22917.04   |                       | 3.90   |
| LEV B-SUBACUTE HSPTL BASED  | 19   | 559   |                       | 318,150.88  |   | 9.14  | .007  |                   | 6744.78  |                       | 3.87   |
| LEV B-TRANSITIONAL IP CARE  | 0  | 0   |                       | .00   |   | .00   | .000  |                   | .00  |                       | .00  |
| LEV B-REGULAR   | 111  | 4,541   |                       | 531,652.73  | 11'   | 7.08  | .055  |                   | 4789.66  |                       | 6.46   |
| @INTERMEDIATE CARE FACILDD  | 8  | 324   | \$                    | 51,850.72   | \$ 16   |   |   |                   | 6481.34  | Ś                     | .63  |
| ICF DDH   | 6  | 275   | Y                     | 42,923.00   |   | 6.08  | .003  |                   | 7153.83  | ٣                     | .52  |
| ICF DD  | 0  | 0   |                       | .00   | 10  | .00   | .000  |                   | .00  |                       | .00  |
| ICF DDN/DDCN  | 2  | 49  |                       | 8,927.72  | 10  | 2.20  | .001  |                   | 4463.86  |                       | .11  |
|   | 12   | 597   | Ċ                     |   | \$ 4  |   |   |                   | 2297.29  | ċ                     |  |
| @HEMODIALYSIS TOTAL   | 12   |   | \$                    | 27,567.51   |   |   |   |                   |  | Ş                     | .34  |
| HOSPITAL BASED  |  | 13  |                       | 1,863.56  |   | 3.35  | .000  |                   | 1863.56  |                       | .02  |
| HEMODIALYSIS CENTER   | 11   | 584   | _                     | 25,703.95   |   | 4.01  | .007  |                   | 2336.72  | _                     | .31  |
| @REHABILITATION FACILITY  |  | 884   | \$                    | 17,183.87   | \$ 1  |   |   | Ş                 | 199.81   | Ş                     | .21  |
| HOSPITAL BASED  | 43   | 134   |                       | 4,989.17  |   | 7.23  | .002  |                   | 116.03   |                       | .06  |
| INDEPENDENT FACILITY  | 43<br>2,996<br>2,995   | 750   |                       | 12,194.70   |   | 6.26  | .009  |                   | 283.60   |                       | .15  |
| @LABORATORY FACILITY  | 2 <b>,</b> 996   | 8,424   | \$                    | 104,976.19  |   | 2.46  | .102  | \$                |  | \$                    | 1.28   |
| PATHOLOGY   | 2 <b>,</b> 995   | 8,423   |                       | 104,966.69  |   | 2.46  | .102  |                   | 35.05  |                       | 1.28   |
| XO AND OTHERS   | 1  | 1   |                       | 9.50  |   | 9.50  | .000  |                   | 9.50   |                       | .00  |
| @ORGANIZED OUTPATIENT CLINIC  | 2,306  | 6 <b>,</b> 470  | \$                    | 317,071.31  | \$ 4  | 9.01  | .079  | \$                | 137.50   | \$                    | 3.85   |
| CLINIC  | 1,344  | 4,805   |                       | 141,833.12  | 2   | 9.52  | .058  |                   | 105.53   |                       | 1.72   |
| SURGICENTER   | 65   | 363   |                       | 11,834.17   | 3:  | 2.60  | .004  |                   | 182.06   |                       | .14  |
| HEROIN DETOX CLINIC   | 0  | 0   |                       | .00   |   | .00   | .000  |                   | .00  |                       | .00  |
| RURAL HEALTH CLINIC   | 905  | 1,302   |                       | 163,404.02  | 12  | 5.50  | .016  |                   | 180.56   |                       | 1.99   |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIO  | TES AND EXPENDITH   | DEC M                 | ONDII OE DAVMEND DI   |   |   | ווסטיד מחחו   | DEC               | 2004   | D7                    | AGE 10,796   |
|   |  |   | LEO IN                | ONID-OL-PAIMENI KI  | TEORI FO  |   | 2004 11110  | טבע               | 2004   |                       |  |
| MOP024  | FEE-FOR-SERVICE  |   | KES M                 | ONIH-OF-PAIMENI RE  | LIONI FO  | . 01111 2   | 2004 11110  | DEC               | 2004   | 1.2                   | 03/14/05   |
|   | FEE-FOR-SERVICE  | E/DENTAL  |                       |   | FORT FO   | . 0111 2  | ZOO4 IIINO  | DEC               | 2004   | 1.2                   | •  |
| MOP024<br>SACRAMENTO COUNTY   | FEE-FOR-SERVICE  |   |                       |   | EFORT FO  | it Oliv 2   |   |                   |  |                       | 03/14/05   |
| SACRAMENTO COUNTY   | FEE-FOR-SERVICE<br>SUMMARY OF SERV   | E/DENTAL<br>/ICES FOR ALL ME  | DICAL                 | LY INDIGENT   |   |   | M   | ONTH              | ILY AVERA  | .GE -                 | 03/14/05   |
|   | FEE-FOR-SERVICE  | E/DENTAL  /ICES FOR ALL ME  UNITS OF SERVIC   | DICAL:                |   | AVERAGI   | E COST  | M<br>UNITS/DAY  | ONTH<br>S C       | ILY AVERA  | GE -                  | 03/14/05<br><br>COST PER   |
| SACRAMENTO COUNTY 82,268 ELIGIBLES  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  | E/DENTAL  /ICES FOR ALL ME  UNITS OF SERVIC  OR DAYS OF CAR   | DICAL<br>E<br>E       | LY INDIGENT  EXPENDITURES   | AVERAGI<br>PER UN   | E COST  | M<br>UNITS/DAY<br>PER ELIG  | ONTH<br>S C       | ILY AVERA<br>COST PER<br>USER  | .GE -<br>(            | 03/14/05<br><br>COST PER<br>ELIGIBLE   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352   | E/DENTAL VICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100  | DICAL:                | LY INDIGENT  EXPENDITURES  394,016.39   | AVERAGI<br>PER UN   | E COST<br>IT/DAY<br>3.61  | M<br>UNITS/DAY<br>PER ELIG<br>1.326   | ONTH<br>S C       | ILY AVERA<br>COST PER<br>USER<br>167.52  | .GE -<br>(            | 03/14/05<br>COST PER<br>ELIGIBLE<br>4.79   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169  | E/DENTAL FICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100 767  | DICAL<br>E<br>E       | EXPENDITURES  394,016.39 53,225.30  | AVERAGI<br>PER UN<br>\$   | E COST<br>IT/DAY<br>3.61<br>9.39  | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009   | ONTH<br>S C       | ILY AVERA<br>COST PER<br>USER<br>167.52<br>314.94  | .GE -<br>(            | 03/14/05<br><br>COST PER<br>ELIGIBLE<br>4.79<br>.65  |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0   | E/DENTAL FICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0  | DICAL<br>E<br>E       | EXPENDITURES  394,016.39 53,225.30 .00  | AVERAGI<br>PER UN<br>\$ 6   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000   | ONTH<br>S C       | ULY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00   | .GE -<br>(            | 03/14/05<br><br>COST PER<br>ELIGIBLE<br>4.79<br>.65<br>.00   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0   | E/DENTAL FICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1  | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00  | AVERAGI<br>PER UN<br>\$ 6   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000   | ONTH<br>S C       | ULY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00  | .GE -<br>(            | 03/14/05<br><br>COST PER<br>ELIGIBLE<br>4.79<br>.65<br>.00   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457   | E/DENTAL FICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173  | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93  | AVERAGI<br>PER UN<br>\$ 6   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.000   | ONTH<br>S C       | USER 167.52 314.94 .00 25.00 176.80  | .GE -<br>(            | 03/14/05<br>   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457<br>444  | E/DENTAL FICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370  | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15  | AVERAGI<br>PER UN<br>\$ 6   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.000<br>.087<br>.041                           | ONTH<br>S C       | USER 167.52 314.94 .00 25.00 176.80 126.59   | .GE -<br>(            | 03/14/05<br>   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS   | USERS  2,352 169 0 1 457 444 12  | E/DENTAL FICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788  | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38   | AVERAGI<br>PER UN<br>\$<br>6  | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.000<br>.087<br>.041                           | ONTH<br>S C<br>\$ | USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53   | .GE -<br>(            | 03/14/05<br>   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457<br>444<br>12<br>14  | E/DENTAL /ICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15  | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40   | AVERAGI<br>PER UN<br>\$ 6   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.000<br>.087<br>.041<br>.046<br>.000           | ONTH<br>S C<br>\$ | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10   | .GE -<br>(            | 03/14/05 COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21  |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457<br>444<br>12<br>14  | E/DENTAL FICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15   | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17   | AVERAGI<br>PER UN<br>\$ 6   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.000<br>.087<br>.041<br>.046<br>.000           | ONTH<br>S C<br>\$ | USER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17   | .GE -<br>(<br>I<br>\$ | 03/14/05<br>   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457<br>444<br>12<br>14<br>1   | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1  | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00   | AVERAGI<br>PER UN<br>\$ 6<br>2<br>1<br>1<br>117   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17   | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.000<br>.087<br>.041<br>.046<br>.000<br>.000   | ONTH<br>S C<br>\$ | USER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17   | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00   |
| SACRAMENTO COUNTY  82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457<br>444<br>12<br>14<br>1<br>0<br>267   | E/DENTAL /ICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268                                      | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00   | AVERAGIPER UNIS   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00  | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.000<br>.087<br>.041<br>.046<br>.000<br>.000   | ONTH<br>S C<br>\$ | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39   | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .00 .34                                 |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457<br>444<br>12<br>14<br>1<br>0<br>267   | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC  OR DAYS OF CAR  109,100  767  0  1  7,173  3,370  3,788  15  1  0  268  18                      | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30  | AVERAGIPER UNIS   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35  | M<br>UNITS/DAY<br>PER ELIG<br>1.326<br>.009<br>.000<br>.087<br>.041<br>.046<br>.000<br>.000<br>.000   | ONTH<br>S C<br>\$ | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30   | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .34 .01                                 |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS<br>2,352<br>169<br>0<br>1<br>457<br>444<br>12<br>14<br>1<br>0<br>267<br>1  | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC  OR DAYS OF CAR  109,100  767  0  1  7,173  3,370  3,788  15  1  0  268  18  0                   | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00  | AVERAGIPER UNIS   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35  | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000                          | ONTH<br>S C<br>\$ | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30   | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .98 .68 .08 .21 .00 .00 .34 .01                                     |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672   | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC  OR DAYS OF CAR  109,100  767  0  1,173  3,370  3,788  15  1  0  268  18  0  1,458               | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94  | AVERAGIPER UNIS   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47   | M UNITS/DAY PER ELIG 1.326 .009 .000 .087 .041 .046 .000 .000 .000 .000 .000                          | ONTH<br>S C<br>\$ | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30<br>.00<br>18.37   | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .98 .68 .08 .21 .00 .00 .34 .01 .00 .15                             |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3   | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC  OR DAYS OF CAR  109,100  767  0  1  7,173  3,370  3,788  15  1  0  268  18  0  1,458  12        | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91   | AVERAGIPER UNIS   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.83                                 | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000 .000 .000                | ONTH<br>S C<br>\$ | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30<br>.00<br>18.37<br>79.30                                | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .34 .01 .00 .15 .00                     |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3 11  | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC  OR DAYS OF CAR  109,100  767  0  1  7,173  3,370  3,788  15  1  0  268  18  0  1,458  12  29    | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31  | AVERAGIPER UNIS   | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.83<br>5.87                         | M UNITS/DAY PER ELIG 1.326 .009 .000 .087 .041 .046 .000 .000 .000 .003 .000 .000 .000 .018 .000 .000 | ONTH<br>S C       | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30<br>.00<br>18.37<br>79.30<br>68.21                       | .GE -<br>(<br>I<br>\$ | 03/14/05   COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .34 .01 .00 .15 .00 .01                |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS   | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3 11 22   | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268 18 0 1,458 12 29 82                  | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31 23,776.07  | AVERAGI<br>PER UNIS<br>66<br>22<br>11<br>117<br>12<br>100<br>33                         | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.83<br>5.87<br>9.95                 | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000 .000 .001                | ONTH<br>S C       | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30<br>.00<br>18.37<br>79.30<br>68.21<br>1080.73            | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .34 .01 .00 .15 .00 .01 .29             |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS  | FEE-FOR-SERVICE<br>SUMMARY OF SERVICE<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3 11 22 22   | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268 18 0 1,458 12 29 82 82               | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31 23,776.07  | AVERAGI<br>PER UNIS<br>66<br>22<br>11<br>117<br>12<br>100<br>33                         | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.83<br>5.87<br>9.95                 | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000 .000 .001                | ONTH<br>S C       | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30<br>.00<br>18.37<br>79.30<br>68.21<br>1080.73<br>1080.73 | .GE -<br>(<br>I<br>\$ | 03/14/05   COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .34 .01 .00 .15 .00 .01 .29 .29        |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3 11 22 22 0  | E/DENTAL VICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268 18 0 1,458 12 29 82 82 0             | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31 23,776.07 23,776.07                              | AVERAGI<br>PER UNIS<br>66<br>22<br>11<br>117<br>12<br>100<br>33                         | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.83<br>5.87<br>9.95<br>9.95         | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000 .001 .000 .000 .00       | ONTH<br>S C       | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30<br>.00<br>18.37<br>79.30<br>68.21<br>1080.73<br>1080.73 | .GE -<br>(<br>I<br>\$ | 03/14/05   COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .34 .01 .00 .15 .00 .01 .29 .29 .00    |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS  | FEE-FOR-SERVICE<br>SUMMARY OF SERVICE<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3 11 22 22 0 7   | E/DENTAL /ICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268 18 0 1,458 12 29 82 82 0 35          | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31 23,776.07 23,776.07 .00 1,423.33                 | AVERAGI<br>PER UN:<br>\$ 6<br>2:<br>11<br>117:<br>117:<br>10:<br>3:<br>2:<br>28:<br>28: | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.95<br>9.95<br>9.95                         | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000 .000 .001                | ONTH<br>S C       | MLY AVERAL COST PER USER 167.52 314.94 .00 25.00 176.80 126.59 582.53 1257.10 12.17 .00 105.39 582.30 .00 18.37 79.30 68.21 1080.73 1080.73 1080.73 .00 203.33   | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .21 .00 .00 .34 .01 .00 .15 .00 .01 .29 .29 .00 .02     |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS  | FEE-FOR-SERVICE<br>SUMMARY OF SERV<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3 11 22 22 0  | E/DENTAL //ICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268 18 0 1,458 12 29 82 82 0 35 79      | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31 23,776.07 23,776.07 .00 1,423.33 4,487.67        | AVERAGI<br>PER UN:<br>\$ 6<br>2:<br>11<br>117:<br>117:<br>10:<br>3:<br>2:<br>28:<br>28: | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>5.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.83<br>5.87<br>9.95<br>9.95         | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000 .001 .000 .000 .00       | ONTH<br>S C       | MLY AVERA<br>COST PER<br>USER<br>167.52<br>314.94<br>.00<br>25.00<br>176.80<br>126.59<br>582.53<br>1257.10<br>12.17<br>.00<br>105.39<br>582.30<br>.00<br>18.37<br>79.30<br>68.21<br>1080.73<br>1080.73 | .GE -<br>(<br>I<br>\$ | 03/14/05   COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .08 .21 .00 .00 .34 .01 .00 .15 .00 .01 .29 .29 .00    |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES | FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVI | E/DENTAL //ICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268 18 0 1,458 12 29 82 82 82 0 35 79 5 | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31 23,776.07 23,776.07 .00 1,423.33 4,487.67 635.66 | AVERAGI<br>PER UN:<br>\$ 66<br>21<br>117:<br>117:<br>100:<br>3:<br>28:<br>28:<br>28:    | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.83<br>5.87<br>9.95<br>9.95<br>9.95<br>9.95 | M UNITS/DAY PER ELIG 1.326 .009 .000 .000 .087 .041 .046 .000 .000 .000 .000 .000 .000 .000           | ONTH<br>S C       | MLY AVERAL COST PER USER 167.52 314.94 .00 25.00 176.80 126.59 582.53 1257.10 12.17 .00 105.39 582.30 .00 18.37 79.30 68.21 1080.73 1080.73 .00 203.33 149.59 317.83                                   | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .21 .00 .00 .34 .01 .00 .15 .00 .01 .29 .29 .00 .02     |
| 82,268 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY                              | FEE-FOR-SERVICE<br>SUMMARY OF SERVICE<br>USERS  2,352 169 0 1 457 444 12 14 1 0 267 1 0 672 3 11 22 22 0 7 30  | E/DENTAL //ICES FOR ALL ME  UNITS OF SERVIC OR DAYS OF CAR 109,100 767 0 1 7,173 3,370 3,788 15 1 0 268 18 0 1,458 12 29 82 82 0 35 79      | DICAL<br>E<br>E<br>\$ | EXPENDITURES  394,016.39 53,225.30 .00 25.00 80,795.93 56,206.15 6,990.38 17,599.40 12.17 .00 28,140.00 582.30 .00 12,347.94 237.91 750.31 23,776.07 23,776.07 .00 1,423.33 4,487.67        | AVERAGI<br>PER UN:<br>\$ 66<br>21<br>117:<br>117:<br>100:<br>3:<br>28:<br>28:<br>28:    | E COST<br>IT/DAY<br>3.61<br>9.39<br>.00<br>1.26<br>6.68<br>1.85<br>3.29<br>2.17<br>.00<br>5.00<br>2.35<br>.00<br>8.47<br>9.95<br>9.95<br>9.95<br>9.95                 | M UNITS/DAY PER ELIG 1.326 .009 .000 .007 .041 .046 .000 .000 .000 .000 .000 .000 .000                | ONTH<br>S C       | MLY AVERAL COST PER USER 167.52 314.94 .00 25.00 176.80 126.59 582.53 1257.10 12.17 .00 105.39 582.30 .00 18.37 79.30 68.21 1080.73 1080.73 1080.73 1080.73 1080.73 109.59                             | .GE -<br>(<br>I<br>\$ | 03/14/05  COST PER ELIGIBLE 4.79 .65 .00 .00 .98 .68 .21 .00 .00 .34 .01 .00 .15 .00 .01 .29 .29 .00 .02 .05 |

| LOCAL EDUCATION AGENCIES      | 587   | 16,093          | 75,870.10          | 4.71          | .196 | 129.25     | .92         |
|-------------------------------|-------|-----------------|--------------------|---------------|------|------------|-------------|
| EPSDT SUPPLEMENTAL SERVICE    | 20    | 2,695           | 76,364.49          | 28.34         | .033 | 3818.22    | .93         |
| RESPIRATORY CARE PRACT.       | 0     | 0               | .00                | .00           | .000 | .00        | .00         |
| PED SUBACUTE REHAB/WEANING    | 0     | 0               | .00                | .00           | .000 | .00        | .00         |
| ALL OTHER PROVIDERS           | 153   | 80 <b>,</b> 384 | 35,342.21          | . 44          | .977 | 230.99     | .43         |
| @CALIF. CHILDREN SERVICES*    | 1,049 | 35,302          | \$<br>2,657,423.37 | \$<br>75.28   | .429 | \$ 2533.29 | \$<br>32.30 |
| @XOVER EXCLUDING STATE HOSP** | 13    | 9               | \$<br>10,506.45    | \$<br>1167.38 | .000 | \$ 808.19  | \$<br>.13   |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,797 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| SACRAMENTO COUNTY          | SUMMARY OF SERV | ICES FOR RENAL DIALYSIS |              | AID CODES    | 71         |             |          |
|----------------------------|-----------------|-------------------------|--------------|--------------|------------|-------------|----------|
|                            |                 |                         |              |              | MON'       | THLY AVERAG | E        |
| 00 ELIGIBLES               | USERS           | UNITS OF SERVICE        | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                            |                 | OR DAYS OF CARE         |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 7               | 100 \$                  | 4,525.90     | \$ 45.26     | .000 \$    | 646.56      | \$ .00   |
| @PHYSICIANS SERVICES       | 4               | 21 \$                   | 151.53       | \$ 7.22      | .000 \$    | 37.88       | \$ .00   |
| OUTPATIENT VISITS          | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| OFFICE VISITS              | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| HOME VISITS                | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| EMERGENCY ROOM             | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| PREVENTIVE CARE            | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| OB VISITS/COMPRE PERI      | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| OTHER OUTPATIENT           | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| INPATIENT VISITS           | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| HOSPITAL VISITS            | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| CRITICAL CARE              | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| SNF/ICF/TRANS IP CARE      | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| EXAMINATIONS               | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| SERVICES AND MATERIALS     | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| INPATIENT HOSPITAL SURGERY | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| PRINCIPAL SURGEON          | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| ASSISTANT SURGEON          | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| ANESTHESIOLOGIST           | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| OUTPATIENT SURGERY         | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| PRINCIPAL SURGEON          | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| ASSISTANT SURGEON          | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| ANESTHESIOLOGIST           | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| DIALYSIS                   | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| PATHOLOGY                  | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| RADIOLOGY                  | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| PSYCHIATRY                 | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| IMMUNIZATION AND INJECTION | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| OTHER SERVICES/ALL X-OVERS | 4               | 21                      | 151.53       | 7.22         | .000       | 37.88       | .00      |
| @PHARMACY                  | 3               | 53 \$                   | 119.48       | \$ 2.25      | .000 \$    |             |          |
| PRESCRIPTION DRUGS         | 2               | 3                       | 10.58        | 3.53         | .000       | 5.29        | .00      |
| SNF/ICF                    | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| OUTPATIENTS                | 2               | 3                       | 10.58        | 3.53         | .000       | 5.29        | .00      |
| MEDICAL SUPPLIES           | 2               | 50                      | 108.90       | 2.18         | .000       | 54.45       | .00      |
| @DENTIST                   | 0               | 0 \$                    | .00          | \$ .00       | .000 \$    | .00         | \$ .00   |
| VISITS - DIAGNOSTIC        | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| ORAL SURGERY               | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| DRUGS                      | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |
| ANESTHESIA                 | 0               | 0                       | .00          | .00          | .000       | .00         | .00      |

| PERIODONTICS               | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
|----------------------------|---------------------|-----------------------|---------------------|-----------|---------------|-----------------|-------------|
| ENDODONTICS                | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| RESTORATIVE DENTISTRY      | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| PROSTHETICS                | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| DENTURES, STAYPLATES       | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| SPACE MAINTAINERS          | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| MAXILLOFACIAL SERVICES     | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| FRACTURES, DISLOCATIONS    | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| ORTHODONTIC SERVICES       | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| ALL OTHER SERVICES         | 0                   | 0                     | .00                 | .00       | .000          | .00             | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | AND EXPENDITURES MONT | H-OF-PAYMENT REPORT | FOR JAN   | 2004 THRU DEC | 2004            | PAGE 10,798 |
| MOP024                     | FEE-FOR-SERVICE/DEN | ITAL                  |                     |           |               |                 | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES | FOR RENAL DIALYSIS    |                     | AID CODES | 71            |                 |             |
|                            |                     |                       |                     |           | MONTHE        | TT TZ ATZENDA ( | T           |

|                              |       |                |    |              |     |           | Mo         | TNC | HLY AVERA | GE |          |
|------------------------------|-------|----------------|----|--------------|-----|-----------|------------|-----|-----------|----|----------|
| 00 ELIGIBLES                 | USERS | UNITS OF SERVI | CE | EXPENDITURES | AVE | RAGE COST | UNITS/DAY: |     | COST PER  | _  | COST PER |
|                              |       | OR DAYS OF CA  |    |              |     | UNIT/DAY  | PER ELIG   |     | USER      |    | ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0              |    | .00          | ·   | .00       | .000       |     | .00       |    | .00      |
| EYE APPLIANCES               | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| OTHER OPTOMETRIC SERVICES    | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| @CHIROPRACTOR                | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| VISITS                       | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| OTHER SERVICES               | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| @PODIATRIST                  | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| MEDICINE/INJECTIONS          | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| SURGERY/ANES.                | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| RADIO./PATHOLOGY             | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| OTHER                        | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| @HOME HEALTH AGENCY          | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| NURSE ANESTHESIST            | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| NURSE MIDWIFE                | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| @TOTAL HOSPITAL              | 1     | 0              | \$ | 806.40       | \$  | .00       | .000       | \$  | 806.40    | \$ | .00      |
| HOSP INPATIENT TOTAL         | 1     | 0              |    | 806.40       |     | .00       | .000       |     | 806.40    |    | .00      |
| HSC HOSPITALS                | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| NON-HSC HOSPITAL TOTAL       | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| ACCOMMODATIONS               | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| ADMINISTRATIVE DAYS          | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| TRANSITIONAL IP CARE         | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| ALL OTHER ACCOM              | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| ANCILLARIES                  | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| INPATIENT CROSSOVERS         | 1     | 0              |    | 806.40       |     | .00       | .000       |     | 806.40    |    | .00      |
| ALL OTHER INPATIENT          | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| HOSP OUTPATIENT TOTAL        | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| MEDICAL                      | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| SURGERY                      | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| PATHOLOGY                    | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| RADIOLOGY                    | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| ROOM USE                     | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT   | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| @COUNTY HOSPITAL TOTAL       | 0     | 0              | \$ | .00          | \$  | .00       | .000       | \$  | .00       | \$ | .00      |
| CO HOSPITAL INPATIENT TOTAL  | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| HSC HOSPITALS                | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| NON-HSC HOSPITALS TOTAL      | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |
| ACCOMMODATIONS               | 0     | 0              |    | .00          |     | .00       | .000       |     | .00       |    | .00      |

| ADMINISTRATIVE DAYS  | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
|--|---|--------------------------------------|---|--|--|---|--|
| TRANSITIONAL IP CARE   | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| ALL OTHER ACCOM  | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| ALL OTHER ACCOM<br>ANCILLARIES   | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
|  | 0   | 0                                    |   |  |  |   |  |
| INPATIENT CROSSOVERS   | U   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| ALL OTHER INPATIENT  | U   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| CO HOSP OUTPATIENT TOTAL   | U   | U                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| MEDICAL  | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| SURGERY  | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| PATHOLOGY  | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| RADIOLOGY  | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| ROOM USE   | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| CROSSOVERS/ALL OTH OUTPTNT   | 0   | 0                                    | .00   | .00                                    | .000   | .00   | .00                                    |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND                               |                                      | H-OF-PAYMENT RE   | PORT FOR JAN 2                         | 2004 THRU DE   | C 2004  | PAGE 10,799                            |
| MOP024   | FEE-FOR-SERVICE/DENTAL                              |                                      |   |  |  |   | 03/14/05                               |
| SACRAMENTO COUNTY  | SUMMARY OF SERVICES FO                              | R RENAL DIALYSIS                     |   | AID CODES                              | 71   |   |  |
|  |   |                                      |   |  | MON  | THLY AVERA  | GE                                     |
| 00 ELIGIBLES   | USERS UNITS   | OF SERVICE                           | EXPENDITURES  | AVERAGE COST                           | UNITS/DAYS   | COST PER  | COST PER                               |
|  | OR DA   | YS OF CARE                           |   | PER UNIT/DAY                           | PER ELIG   | USER  | ELIGIBLE                               |
| @COMMUNITY HOSPITAL TOTAL  | 1   | 0 \$                                 | 806.40  | \$ .00                                 | .000 \$  | 806.40  | \$ .00                                 |
|  |   |                                      | 000.10  |  |  |   |  |
| COMM HOSP INPATIENT TOTAL  | 1   | 0                                    | 806.40  | .00                                    | .000   | 806.40  | .00                                    |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS  | 1<br>0  | 0<br>0                               |   | .00                                    | .000   | 806.40  | .00                                    |
|  | 1<br>0<br>0   | 0<br>0<br>0                          | 806.40  |  |  |   |  |
| HSC HOSPITALS  | 1<br>0<br>0<br>0                                    | 0<br>0<br>0<br>0                     | 806.40  | .00                                    | .000   | .00   | .00                                    |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL  | 1<br>0<br>0<br>0<br>0                               | 0<br>0<br>0<br>0                     | 806.40<br>.00<br>.00                                    | .00                                    | .000   | .00   | .00                                    |
| HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS   | 1<br>0<br>0<br>0<br>0                               | 0<br>0<br>0<br>0<br>0                | 806.40<br>.00<br>.00                                    | .00<br>.00<br>.00                      | .000<br>.000<br>.000                                 | .00   | .00<br>.00<br>.00                      |
| HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  | 1<br>0<br>0<br>0<br>0<br>0                          | 0<br>0<br>0<br>0<br>0<br>0           | 806.40<br>.00<br>.00<br>.00                             | .00<br>.00<br>.00                      | .000<br>.000<br>.000                                 | .00<br>.00<br>.00                                       | .00<br>.00<br>.00                      |
| HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  | 1<br>0<br>0<br>0<br>0<br>0                          | 0<br>0<br>0<br>0<br>0<br>0           | 806.40<br>.00<br>.00<br>.00<br>.00                      | .00<br>.00<br>.00<br>.00               | .000<br>.000<br>.000<br>.000                         | .00<br>.00<br>.00<br>.00                                | .00<br>.00<br>.00<br>.00               |
| HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM   | 1<br>0<br>0<br>0<br>0<br>0<br>0                     | 0<br>0<br>0<br>0<br>0<br>0<br>0      | 806.40<br>.00<br>.00<br>.00<br>.00<br>.00               | .00<br>.00<br>.00<br>.00<br>.00        | .000<br>.000<br>.000<br>.000<br>.000                 | .00<br>.00<br>.00<br>.00                                | .00<br>.00<br>.00<br>.00<br>.00        |
| HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  | 1<br>0<br>0<br>0<br>0<br>0<br>0<br>0                | 0<br>0<br>0<br>0<br>0<br>0<br>0      | 806.40<br>.00<br>.00<br>.00<br>.00<br>.00               | .00<br>.00<br>.00<br>.00<br>.00        | .000<br>.000<br>.000<br>.000<br>.000<br>.000         | .00<br>.00<br>.00<br>.00<br>.00                         | .00<br>.00<br>.00<br>.00<br>.00        |
| HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS                      | 1<br>0<br>0<br>0<br>0<br>0<br>0<br>0                | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 806.40<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00        | .00<br>.00<br>.00<br>.00<br>.00<br>.00 | .000<br>.000<br>.000<br>.000<br>.000<br>.000         | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00           | .00<br>.00<br>.00<br>.00<br>.00<br>.00 |
| HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT | 1<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>1<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 806.40<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | .00<br>.00<br>.00<br>.00<br>.00<br>.00 | .000<br>.000<br>.000<br>.000<br>.000<br>.000<br>.000 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>806.40 | .00<br>.00<br>.00<br>.00<br>.00<br>.00 |

| SURGERY 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0   |                             |                          |         |                |     |       |            |             |     |           |      |          |
|--|-----------------------------|--------------------------|---------|----------------|-----|-------|------------|-------------|-----|-----------|------|----------|
| RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | SURGERY                     | 0                        | 0       |                | .00 |       | .00        | .000        |     |           |      |          |
| ROM USE  | PATHOLOGY                   | 0                        | 0       |                | .00 |       | .00        | .000        |     | .00       |      | .00      |
| CROSSOVERS/ALL OTH OUTFINT   | RADIOLOGY                   | 0                        | 0       |                | .00 |       | .00        | .000        |     | .00       |      | .00      |
| STATE HOSPITAL   | ROOM USE                    | 0                        | 0       |                | .00 |       | .00        | .000        |     | .00       |      | .00      |
| STATE HOSPITAL   | CROSSOVERS/ALL OTH OUTPTNT  | 0                        | 0       |                | .00 |       | .00        | .000        |     | .00       |      | .00      |
| DEVELOP, DISABLED  |                             | 0                        | 0       | \$             | .00 | \$    | .00        | .000        | \$  | .00       | \$   | .00      |
| DEVELOP, DISABLED  | MENTALLY ILL                | 0                        | 0       |                | .00 |       | .00        | .000        |     | .00       |      | .00      |
| SUNRSING FACILITY  | DEVELOP. DISABLED           | 0                        | 0       |                |     |       | .00        | .000        |     |           |      | .00      |
| LEV B-REHAB MD   | @NURSING FACILITY           | 0                        | 0       | \$             |     | \$    | .00        | .000        | \$  |           | \$   |          |
| LEV B-REHAB MD   | LEV A-INTERMEDIATE          | 0                        | 0       | ·              | .00 |       | .00        | .000        |     | .00       | ·    | .00      |
| LEV B-SUBACUTE FREESTANDING  | LEV B-REHAB MD              | 0                        | 0       |                |     |       | .00        |             |     |           |      |          |
| LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   | LEV B-SUBACUTE FREESTANDING | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  O  O  O  O  O  O  O  O  O  O  O  O  O   |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| Lev B-REGULAR   0  |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| GINTERMEDIATE CARE FACILDD   |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| ICF DDH  |                             | 0                        | 0       | \$             |     | Ś     |            |             | Ś   |           | Ś    |          |
| ICF DD   | -                           | 0                        | 0       | '              |     |       |            |             |     |           | '    |          |
| ICF DDN/DDCN   |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| Chemodialysis total  |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| HOSPITAL BASED   |                             | 1                        |         | Ś              |     | Ś     |            |             | Ś   |           | Ś    |          |
| HEMODIALYSIS CENTER  | •                           | 0                        |         | т              | •   | -     |            |             | 7   |           | 7    |          |
| GREHABILITATION FACILITY         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00      |                             | 1                        | -       |                |     |       |            |             |     |           |      |          |
| HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                             | 0                        |         | Ś              |     | Ś     |            |             | Ś   |           | Ś    |          |
| INDEPENDENT FACILITY   | •                           | 0                        | -       | т              |     | Ψ.    |            |             | т   |           | т    |          |
| @LABORATORY FACILITY       1       2       \$       57.05       \$       28.53       .000       \$       57.05       \$       .00         PATHOLOGY       1       2       57.05       28.53       .000       57.05       \$       .00         XO AND OTHERS       0       0       .00  |                             | 0                        | -       |                |     |       |            |             |     |           |      |          |
| PATHOLOGY         1         2         57.05         28.53         .000         57.05         .00           XO AND OTHERS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00<             |                             | 1                        | 2       | Ś              |     | Ś     |            |             | Ś   |           | Ś    |          |
| XO AND OTHERS       0       0       .00       .00       .000       .000       .000       .000       .000       .000       .000       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00   | -                           | 1                        |         | т              |     | -     |            |             | 7   |           | 7    |          |
| @ORGANIZED OUTPATIENT CLINIC         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00< |                             | 0                        |         |                |     |       |            |             |     |           |      |          |
| CLINIC         0         0         .00               |                             | 0                        | •       | Ś              |     | Ś     |            |             | Ś   |           | Ś    |          |
| SURGICENTER         0         0         .00          | -                           | 0                        | 0       | т              |     | -     |            |             | 7   |           | 7    |          |
| HEROIN DETOX CLINIC         0         0         .00              |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| RURAL HEALTH CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,800 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71  |                             | 0                        | 0       |                |     |       |            |             |     |           |      |          |
| MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05<br>SACRAMENTO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71  |                             | MEDI-CAL SERVICES AND EX | PENDITI | TRES MONTH-    |     | EPOR' |            |             | DEC |           | PΔ   |          |
| SACRAMENTO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71  |                             |                          |         | 01.20 1101,111 | C   |       |            | 2001 111110 | 220 | 2001      |      |          |
|  |                             |                          | RENAT.  | DIALYSIS       |     |       | AID CODES  | 3 71        |     |           |      | 00/11/00 |
|  |                             |                          |         | 211111010      |     |       | 1110 00001 |             | ОИТ | HLY AVERA | GE - |          |

|                                |       |                  |              |              | MON        | THLY AVERA | GE       |
|--------------------------------|-------|------------------|--------------|--------------|------------|------------|----------|
| 00 ELIGIBLES                   | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER |
|                                |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 0     | 0                | \$<br>.00    | \$ .00       | .000 \$    | .00        | \$ .00   |
| DURABLE MED. EQUIP.            | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| BLOOD BANK                     | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| HEARING AID DISPENSERS         | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| MEDICAL TRANSPORTATION         | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| AMBULANCES/AIR TRANS           | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OTHER TRANS                    | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OTHER SERVICES                 | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ACUPUNCTURE                    | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| ADULT DAY HEALTH CARE CTR      | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| GENETIC DISEASE TESTING        | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OCCUPATIONAL THERAPIST         | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| OPTICIAN                       | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| PHYSICAL THERAPIST             | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| PORTABLE X-RAY                 | 0     | 0                | .00          | .00          | .000       | .00        | .00      |
| PROSTHETIST/ORTHOTISTS         | 0     | 0                | .00          | .00          | .000       | .00        | .00      |

| PROSTHETICS                   | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
|-------------------------------|---|----|--------------|-------------|------|--------------|-----------|
| ORTHOTICS                     | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| PSYCHOLOGIST                  | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| SPEECH AND AUDIOLOGY          | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| HOSPICE SERVICES              | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| NONINST BIRTHING CENTERS      | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| LOCAL EDUCATION AGENCIES      | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| EPSDT SUPPLEMENTAL SERVICE    | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| RESPIRATORY CARE PRACT.       | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| PED SUBACUTE REHAB/WEANING    | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| ALL OTHER PROVIDERS           | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| @CALIF. CHILDREN SERVICES*    | 0 | 0  | \$<br>.00    | \$<br>.00   | .000 | \$<br>.00    | \$<br>.00 |
| @XOVER EXCLUDING STATE HOSP** | 4 | 70 | \$<br>988.48 | \$<br>14.12 | .000 | \$<br>247.12 | \$<br>.00 |
| ^ ·                           |   |    | <br>_        |             |      |              |           |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 10,801 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR TOTAL PARENT | ERAL NUTRITION | AID CODES    | 13       |          |          |
|----------------------------|----------------|------------------------|----------------|--------------|----------|----------|----------|
|                            |                |                        |                |              | MONT     |          | E        |
| 00 ELIGIBLES               | USERS          | UNITS OF SERVICE       | EXPENDITURES   | AVERAGE COST |          | COST PER | COST PER |
|                            |                | OR DAYS OF CARE        |                | PER UNIT/DAY | PER ELIG | USER     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 0              | 0 \$                   | .00            | \$ .00       | .000 \$  | .00      | \$ .00   |
| @PHYSICIANS SERVICES       | 0              | 0 \$                   | .00            | \$ .00       | .000 \$  | .00      | \$ .00   |
| OUTPATIENT VISITS          | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| OFFICE VISITS              | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| HOME VISITS                | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| EMERGENCY ROOM             | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| PREVENTIVE CARE            | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| OB VISITS/COMPRE PERI      | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| OTHER OUTPATIENT           | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| INPATIENT VISITS           | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| HOSPITAL VISITS            | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| CRITICAL CARE              | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| SNF/ICF/TRANS IP CARE      | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| EXAMINATIONS               | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| SERVICES AND MATERIALS     | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| INPATIENT HOSPITAL SURGERY | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| PRINCIPAL SURGEON          | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| ASSISTANT SURGEON          | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| ANESTHESIOLOGIST           | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| OUTPATIENT SURGERY         | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| PRINCIPAL SURGEON          | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| ASSISTANT SURGEON          | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| ANESTHESIOLOGIST           | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| DIALYSIS                   | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| PATHOLOGY                  | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| RADIOLOGY                  | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| PSYCHIATRY                 | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| IMMUNIZATION AND INJECTION | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| OTHER SERVICES/ALL X-OVERS | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| @PHARMACY                  | 0              | 0 \$                   | .00            | \$ .00       | .000 \$  | .00      | \$ .00   |
| PRESCRIPTION DRUGS         | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| SNF/ICF                    | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
| OUTPATIENTS                | 0              | 0                      | .00            | .00          | .000     | .00      | .00      |
|                            |                |                        |                |              |          |          |          |

| MEDICAL SUPPLIES                        | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
|---|-----------------|----------|---------|----------------|-------------------|-------|--------------|----------|------|----------|------|------------|
| @DENTIST                                | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| VISITS - DIAGNOSTIC                     | 0               |          | 0       | Y              | .00               | Y     | .00          | .000     | Y    | .00      | Y    | .00        |
| ORAL SURGERY                            | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| DRUGS                                   | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ANESTHESIA                              | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| PERIODONTICS                            | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ENDODONTICS<br>ENDODONTICS              | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| RESTORATIVE DENTISTRY                   | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
|   | 0               |          | 0       |                | .00               |       | .00          |          |      | .00      |      |            |
| PROSTHETICS                             | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| DENTURES, STAYPLATES                    | 0               |          | 0       |                |                   |       |              |          |      |          |      |            |
| SPACE MAINTAINERS                       | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| MAXILLOFACIAL SERVICES                  | O .             |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| FRACTURES, DISLOCATIONS                 | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ORTHODONTIC SERVICES                    | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ALL OTHER SERVICES                      | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| #CALIF DEPT OF HEALTH SERV              |                 | -        | PENDITU | JRES M         | ONTH-OF-PAYMENT R | REPOR | RT FOR JAN 2 | 004 THRU | DEC  | 2004     | P    | AGE 10,802 |
| MOP024                                  | FEE-FOR-SERVICE |          | moma.   | D. D. D. D. L. |                   |       | 3.70 00000   | 7.0      |      |          |      | 03/14/05   |
| SACRAMENTO COUNTY                       | SUMMARY OF SERV | ICES FOR | TOTAL   | PAREN          | TERAL NUTRITION   |       | AID CODES    |          | ONTE |          | C.T. |            |
| 00 51 10151 50                          |                 |          | annii.  | ~=             |                   |       |              | M        |      |          |      |            |
| 00 ELIGIBLES                            | USERS           | UNITS OF | _       |                | EXPENDITURES      |       | ERAGE COST   | /        | -    | COST PER |      | COST PER   |
| 0.0000000000000000000000000000000000000 | 0               | OR DAYS  |         |                | 0.0               |       | R UNIT/DAY   | PER ELIG |      | USER     |      | ELIGIBLE   |
| @OPTOMETRIST                            | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | Ş    | .00      | \$   | .00        |
| DIAGNOSTIC AND ANC. PROCED              | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| EYE APPLIANCES                          | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| OTHER OPTOMETRIC SERVICES               | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| @CHIROPRACTOR                           | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| VISITS                                  | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| OTHER SERVICES                          | 0               |          | 0       | _              | .00               | _     | .00          | .000     | _    | .00      | _    | .00        |
| @PODIATRIST                             | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| MEDICINE/INJECTIONS                     | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| SURGERY/ANES.                           | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| RADIO./PATHOLOGY                        | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| OTHER                                   | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| @HOME HEALTH AGENCY                     | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| NURSE ANESTHESIST                       | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| NURSE MIDWIFE                           | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| PEDIATRIC NURSE PRACTITIONER            |                 |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| FAMILY NURSE PRACTITIONER               | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| @TOTAL HOSPITAL                         | 0               |          | 0       | \$             | .00               | \$    | .00          | .000     | \$   | .00      | \$   | .00        |
| HOSP INPATIENT TOTAL                    | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| HSC HOSPITALS                           | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| NON-HSC HOSPITAL TOTAL                  | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ACCOMMODATIONS                          | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ADMINISTRATIVE DAYS                     | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| TRANSITIONAL IP CARE                    | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ALL OTHER ACCOM                         | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
| ANCILLARIES                             | 0               |          | 0       |                | .00               |       | .00          | .000     |      | .00      |      | .00        |
|   |                 |          |         |                |                   |       |              |          |      |          |      |            |

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INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
|--|--|---|--|---|--|--|---|
| @COUNTY HOSPITAL TOTAL   | 0  | 0 \$  | .00  | \$ .00  | .000 \$  | .00  | \$ .00  |
| CO HOSPITAL INPATIENT TOTAL  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| HSC HOSPITALS  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| NON-HSC HOSPITALS TOTAL  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| ACCOMMODATIONS   | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| ADMINISTRATIVE DAYS  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| TRANSITIONAL IP CARE   | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| ALL OTHER ACCOM  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| ANCILLARIES  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| INPATIENT CROSSOVERS   | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| ALL OTHER INPATIENT  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| CO HOSP OUTPATIENT TOTAL   | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| MEDICAL  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| SURGERY  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| PATHOLOGY  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| RADIOLOGY  | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| ROOM USE   | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| CROSSOVERS/ALL OTH OUTPTNT   | 0  | 0   | .00  | .00   | .000   | .00  | .00   |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICE   | S AND EXPENDITURES MO                                   |  |   |  |  | PAGE 10,803   |
| MOP024   | FEE-FOR-SERVICE  |   |  |   |  |  | 03/14/05  |
| SACRAMENTO COUNTY  | SUMMARY OF SERVI   |   | ERAL NUTRITION   | AID CODES   | 73   |  | , ,   |
|  |  |   |  |   | MONTH  | א מיידע איידו  | CE  |
|  |  |   |  |   | MONT   | пьі ауска  | GE  |
| 00 ELIGIBLES   | USERS  | UNITS OF SERVICE  | EXPENDITURES   | AVERAGE COST  |  | HLI AVERA<br>COST PER                                | COST PER  |
| 00 ELIGIBLES   | USERS  | UNITS OF SERVICE<br>OR DAYS OF CARE                     | EXPENDITURES   | AVERAGE COST<br>PER UNIT/DAY                            |  |  |   |
| 00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL  | USERS<br>0   |   | EXPENDITURES .00   |   | UNITS/DAYS   | COST PER   | COST PER  |
|  |  | OR DAYS OF CARE   |  | PER UNIT/DAY  | UNITS/DAYS<br>PER ELIG                                       | COST PER<br>USER                                     | COST PER<br>ELIGIBLE  |
| @COMMUNITY HOSPITAL TOTAL  | 0  | OR DAYS OF CARE 0 \$                                    | .00  | PER UNIT/DAY \$ .00                                     | UNITS/DAYS PER ELIG .000 \$                                  | COST PER<br>USER<br>.00                              | COST PER<br>ELIGIBLE<br>\$ .00  |
| @COMMUNITY HOSPITAL TOTAL<br>COMM HOSP INPATIENT TOTAL   | 0  | OR DAYS OF CARE  0 \$ 0                                 | .00  | PER UNIT/DAY<br>\$ .00<br>.00                           | UNITS/DAYS PER ELIG .000 \$ .000                             | COST PER<br>USER<br>.00                              | COST PER<br>ELIGIBLE<br>\$ .00<br>.00   |
| @COMMUNITY HOSPITAL TOTAL<br>COMM HOSP INPATIENT TOTAL<br>HSC HOSPITALS  | 0<br>0<br>0  | OR DAYS OF CARE  0 \$ 0 0 0 0 0                         | .00  | PER UNIT/DAY<br>\$ .00<br>.00<br>.00                    | UNITS/DAYS PER ELIG .000 \$ .000 .000                        | COST PER<br>USER<br>.00<br>.00                       | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00  |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL  | 0<br>0<br>0<br>0   | OR DAYS OF CARE  0 \$ 0 0 0                             | .00<br>.00<br>.00  | PER UNIT/DAY<br>\$ .00<br>.00<br>.00<br>.00             | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000                   | COST PER USER .00 .00 .00                            | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00  |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS   | 0<br>0<br>0<br>0<br>0<br>0                               | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0                   | .00<br>.00<br>.00<br>.00   | PER UNIT/DAY<br>\$ .00<br>.00<br>.00<br>.00<br>.00      | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000                   | COST PER USER .00 .00 .00 .00                        | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00<br>.00   |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS   | 0<br>0<br>0<br>0<br>0                                    | OR DAYS OF CARE  0 \$ 0 0 0 0 0                         | .00<br>.00<br>.00<br>.00<br>.00                                    | PER UNIT/DAY<br>\$ .00<br>.00<br>.00<br>.00<br>.00      | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000         | USER .00 .00 .00 .00 .00 .00 .00                     | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00<br>.00<br>.00                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE  | 0<br>0<br>0<br>0<br>0<br>0<br>0                          | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0             | .00<br>.00<br>.00<br>.00<br>.00<br>.00                             | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00         | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000    | OST PER USER .00 .00 .00 .00 .00 .00 .00             | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00<br>.00<br>.00<br>.00                             |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM  | 0<br>0<br>0<br>0<br>0<br>0                               | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0                   | .00<br>.00<br>.00<br>.00<br>.00<br>.00                             | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00     | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00        | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00<br>.00<br>.00<br>.00                             |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES  | 0<br>0<br>0<br>0<br>0<br>0<br>0                          | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00                      | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00        |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL  | 0<br>0<br>0<br>0<br>0<br>0<br>0                          | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0             | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00               | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00        |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                     | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00               | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER<br>ELIGIBLE<br>\$ .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY  | 0<br>0<br>0<br>0<br>0<br>0<br>0                          | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00        | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00        | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                     | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00        | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0                | OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL                   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0      | OR DAYS OF CARE   | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | OR DAYS OF CARE   | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL                   | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0      | OR DAYS OF CARE   | .00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0 | COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .                                    |

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LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REHAB MD

LEV B-REGULAR

ICF DDH

ICF DD

0

0

0

0

0

0

0

0

0

| ICF DDN/DDCN   | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
|--|------------------------------|---------|----------|--------------|---|------|---|--|-------|--|----------|---|
| @HEMODIALYSIS TOTAL  | 0                            |         | 0        | \$           | .00   | \$   | .00   | .000   | \$    | .00  | \$       | .00   |
| HOSPITAL BASED   | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| HEMODIALYSIS CENTER  | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| @REHABILITATION FACILITY   | 0                            |         | 0        | \$           | .00   | \$   | .00   | .000   | \$    | .00  | \$       | .00   |
| HOSPITAL BASED   | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| INDEPENDENT FACILITY   | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| @LABORATORY FACILITY   | 0                            |         | 0        | \$           | .00   | \$   | .00   | .000   | \$    | .00  | \$       | .00   |
| PATHOLOGY  | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| XO AND OTHERS  | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| @ORGANIZED OUTPATIENT CLINIC   | 0                            |         | 0        | \$           | .00   | \$   | .00   | .000   | \$    | .00  | \$       | .00   |
| CLINIC   | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| SURGICENTER  | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| HEROIN DETOX CLINIC  | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| RURAL HEALTH CLINIC  | 0                            |         | 0        |              | .00   |      | .00   | .000   |       | .00  |          | .00   |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES .          | AND EXP | ENDITUR: | ES MON       | TH-OF-PAYMENT RE                                  | PORT | FOR JAN 2   | 2004 THRU  | DEC : | 2004   | PAC      | GE 10,804   |
|  |                              |         |          |              |   |      |   |  |       |  |          |   |
| MOP024   | FEE-FOR-SERVICE/DE           | NTAL    |          |              |   |      |   |  |       |  |          | 03/14/05  |
| MOP024<br>SACRAMENTO COUNTY  | FEE-FOR-SERVICE/DES          |         | TOTAL P. | ARENTE       | RAL NUTRITION                                     |      | AID CODES   | 73   |       |  |          | 03/14/05  |
|  |                              |         | TOTAL P. | ARENTE       | RAL NUTRITION                                     |      | AID CODES   | 73<br>M  | ONTH: | LY AVERAG  | GE       | 03/14/05  |
|  | SUMMARY OF SERVICE           |         |          | ARENTE       | RAL NUTRITION EXPENDITURES                        |      |   |  |       | LY AVERAG  |          |   |
| SACRAMENTO COUNTY  | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE       |   | AVE: |   | M  | S C   |  | CC       |   |
| SACRAMENTO COUNTY  | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ |   | AVE: | RAGE COST   | M<br>UNITS/DAY   | S C   | OST PER  | CC       | OST PER   |
| SACRAMENTO COUNTY  00 ELIGIBLES  | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES                                      | AVE: | RAGE COST<br>UNIT/DAY   | M<br>UNITS/DAY<br>PER ELIG   | S C   | OST PER<br>USER                                    | C(<br>EI | OST PER   |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK   | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES .00 .00 .00                          | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00                             | M<br>UNITS/DAY<br>PER ELIG<br>.000                                 | S C   | OST PER<br>USER<br>.00<br>.00                      | C(<br>EI | DST PER<br>LIGIBLE                                    |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.  | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES .00                                  | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00                             | UNITS/DAY PER ELIG .000 .000                                       | S C   | OST PER<br>USER<br>.00                             | C(<br>EI | DST PER<br>LIGIBLE<br>.00                             |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK   | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES .00 .00 .00                          | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00                             | UNITS/DAY PER ELIG .000 .000                                       | S C   | OST PER<br>USER<br>.00<br>.00                      | C(<br>EI | DST PER<br>LIGIBLE<br>.00<br>.00                      |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS  | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES<br>.00<br>.00<br>.00                 | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00<br>.00                      | M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000                 | S C   | OST PER<br>USER<br>.00<br>.00<br>.00               | C(<br>EI | DST PER<br>LIGIBLE<br>.00<br>.00                      |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS                | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00     | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00<br>.00<br>.00               | M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000<br>.000         | S C   | OST PER<br>USER<br>.00<br>.00<br>.00<br>.00<br>.00 | C(<br>EI | DST PER<br>LIGIBLE<br>.00<br>.00<br>.00               |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS                            | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES<br>.00<br>.00<br>.00<br>.00<br>.00   | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00<br>.00<br>.00<br>.00        | M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000<br>.000         | S C   | OST PER<br>USER<br>.00<br>.00<br>.00<br>.00        | C(<br>EI | DST PER<br>LIGIBLE<br>.00<br>.00<br>.00<br>.00        |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS                | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00     | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | M<br>UNITS/DAY<br>PER ELIG<br>.000<br>.000<br>.000<br>.000<br>.000 | S C   | OST PER<br>USER<br>.00<br>.00<br>.00<br>.00<br>.00 | C(<br>EI | DST PER<br>LIGIBLE<br>.00<br>.00<br>.00<br>.00<br>.00 |
| SACRAMENTO COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES | SUMMARY OF SERVICE  USERS UN | S FOR   | SERVICE  | ARENTE<br>\$ | EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 | AVE: | RAGE COST<br>UNIT/DAY<br>.00<br>.00<br>.00<br>.00<br>.00<br>.00 | MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0          | S C   | OST PER USER .00 .00 .00 .00 .00 .00 .00 .00       | C(<br>EI | DST PER<br>LIGIBLE<br>.00<br>.00<br>.00<br>.00<br>.00 |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
|--------------------------------|---|---|-----------|-----------|------|-----------|-----------|
| OCCUPATIONAL THERAPIST         | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| OPTICIAN                       | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PHYSICAL THERAPIST             | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PORTABLE X-RAY                 | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PROSTHETIST/ORTHOTISTS         | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PROSTHETICS                    | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ORTHOTICS                      | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PSYCHOLOGIST                   | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| SPEECH AND AUDIOLOGY           | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| HOSPICE SERVICES               | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| NONINST BIRTHING CENTERS       | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| LOCAL EDUCATION AGENCIES       | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| RESPIRATORY CARE PRACT.        | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| PED SUBACUTE REHAB/WEANING     | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| ALL OTHER PROVIDERS            | 0 | 0 | .00       | .00       | .000 | .00       | .00       |
| @CALIF. CHILDREN SERVICES*     | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0 | \$<br>.00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
|                                |   |   |           |           |      |           |           |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,805 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57
----- MONTHLY AVERAGE ------

|                            |       |                  |              |              | MON        | THLY AVERAGE |          |
|----------------------------|-------|------------------|--------------|--------------|------------|--------------|----------|
| 00 ELIGIBLES               | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER     | COST PER |
|                            |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER         | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$       | .00      |
| @PHYSICIANS SERVICES       | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00 \$       | .00      |
| OUTPATIENT VISITS          | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| OFFICE VISITS              | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| HOME VISITS                | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| EMERGENCY ROOM             | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| PREVENTIVE CARE            | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| OB VISITS/COMPRE PERI      | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| OTHER OUTPATIENT           | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| INPATIENT VISITS           | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| HOSPITAL VISITS            | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| CRITICAL CARE              | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| SNF/ICF/TRANS IP CARE      | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| OPHTHALMOLOGICAL SERVICES  | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| EXAMINATIONS               | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| SERVICES AND MATERIALS     | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| INPATIENT HOSPITAL SURGERY | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| PRINCIPAL SURGEON          | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| ASSISTANT SURGEON          | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| ANESTHESIOLOGIST           | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| OUTPATIENT SURGERY         | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| PRINCIPAL SURGEON          | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| ASSISTANT SURGEON          | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| ANESTHESIOLOGIST           | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| DIALYSIS                   | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| PATHOLOGY                  | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| RADIOLOGY                  | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
| PSYCHIATRY                 | 0     | 0                | .00          | .00          | .000       | .00          | .00      |
|                            |       |                  |              |              |            |              |          |

| IMMUNIZATION AND INJECTION | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
|----------------------------|-----------------------|--------------|----------------------|--------------|---------------|--------|-------------|
| OTHER SERVICES/ALL X-OVERS | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| @PHARMACY                  | 0                     | 0 \$         | .00                  | \$ .00       | .000 \$       | .00 \$ | .00         |
| PRESCRIPTION DRUGS         | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| SNF/ICF                    | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| OUTPATIENTS                | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| MEDICAL SUPPLIES           | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| @DENTIST                   | 0                     | 0 \$         | .00                  | \$ .00       | .000 \$       | .00 \$ | .00         |
| VISITS - DIAGNOSTIC        | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| ORAL SURGERY               | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| DRUGS                      | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| ANESTHESIA                 | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| PERIODONTICS               | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| ENDODONTICS                | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| RESTORATIVE DENTISTRY      | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| PROSTHETICS                | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| DENTURES, STAYPLATES       | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| SPACE MAINTAINERS          | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| MAXILLOFACIAL SERVICES     | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| FRACTURES, DISLOCATIONS    | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| ORTHODONTIC SERVICES       | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| ALL OTHER SERVICES         | 0                     | 0            | .00                  | .00          | .000          | .00    | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | EXPENDITURES | MONTH-OF-PAYMENT REF | PORT FOR JAN | 2004 THRU DEC | 2004   | PAGE 10,806 |
| MOP024                     | FEE-FOR-SERVICE/DENTA | L            |                      |              |               |        | 03/14/05    |

SUMMARY OF SERVICES FOR IRCA ALIENS

SACRAMENTO COUNTY

AID CODES 51 52 56 57 ----- MONTHLY AVERAGE -----00 ELIGIBLES UNITS OF SERVICE EXPENDITURES USERS AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 @OPTOMETRIST \$ .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 \$ .00 .000 \$ .00 VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 NURSE MIDWIFE .00 \$ .000 \$ .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 .000 \$ .00 \$ @TOTAL HOSPITAL .00 .00 .00 HOSP INPATIENT TOTAL .00 .00 .00 .000 0 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00

| HOSP OUTPATIENT TOTAL       | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
|-----------------------------|--------------------------|---------------|-------------------------|------------|-------------|------------|-------------|
| MEDICAL                     | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| SURGERY                     | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| PATHOLOGY                   | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| RADIOLOGY                   | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| ROOM USE                    | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPTNT  | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| @COUNTY HOSPITAL TOTAL      | 0                        | 0 \$          | .00 \$                  | .00        | .000 \$     | .00        | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| HSC HOSPITALS               | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| ACCOMMODATIONS              | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| ALL OTHER ACCOM             | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| ANCILLARIES                 | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| ALL OTHER INPATIENT         | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| MEDICAL                     | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| SURGERY                     | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| PATHOLOGY                   | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| RADIOLOGY                   | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| ROOM USE                    | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPINT  | 0                        | 0             | .00                     | .00        | .000        | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | KPENDITURES N | MONTH-OF-PAYMENT REPORT | FOR JAN 20 | 04 THRU DEC | 2004       | PAGE 10,807 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |               |                         |            |             |            | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | IRCA ALIENS   | AID CODES               | 51 52 56 5 |             |            |             |
|                             |                          |               |                         | -          | MONTI       | HLY AVERAG | E           |

|                             |       |                  |              |              | MONT       | THLY AVERAG | E        |
|-----------------------------|-------|------------------|--------------|--------------|------------|-------------|----------|
| 00 ELIGIBLES                | USERS | UNITS OF SERVICE | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                             |       | OR DAYS OF CARE  |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @COMMUNITY HOSPITAL TOTAL   | 0     | 0 \$             | .00          | \$ .00       | .000 \$    |             | \$ .00   |
| COMM HOSP INPATIENT TOTAL   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| HSC HOSPITALS               | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| NON-HSC HOSPITALS TOTAL     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ACCOMMODATIONS              | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ADMINISTRATIVE DAYS         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| TRANSITIONAL IP CARE        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER ACCOM             | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ANCILLARIES                 | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| INPATIENT CROSSOVERS        | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER INPATIENT         | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| MEDICAL                     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| SURGERY                     | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| PATHOLOGY                   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| RADIOLOGY                   | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| ROOM USE                    | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| @STATE HOSPITAL             | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00         | \$ .00   |
| MENTALLY ILL                | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| DEVELOP. DISABLED           | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| @NURSING FACILITY           | 0     | 0 \$             | .00          | \$ .00       | .000 \$    | .00         | \$ .00   |
| LEV A-INTERMEDIATE          | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LEV B-REHAB MD              | 0     | 0                | .00          | .00          | .000       | .00         | .00      |
| LEV B-SUBACUTE FREESTANDING | 0     | 0                | .00          | .00          | .000       | .00         | .00      |

| LEV B-SUBACUTE HSPTL BASED   | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
|------------------------------|--------------------------|----------|------------|---------------|------|--------------|--------|-----|------|-----|----------|
| LEV B-TRANSITIONAL IP CARE   | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| LEV B-REGULAR                | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| @INTERMEDIATE CARE FACILDD   | 0                        | 0        | \$         | .00           | \$   | .00          | .000   | \$  | .00  | \$  | .00      |
| ICF DDH                      | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| ICF DD                       | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| ICF DDN/DDCN                 | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| @HEMODIALYSIS TOTAL          | 0                        | 0        | \$         | .00           | \$   | .00          | .000   | \$  | .00  | \$  | .00      |
| HOSPITAL BASED               | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| HEMODIALYSIS CENTER          | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| @REHABILITATION FACILITY     | 0                        | 0        | \$         | .00           | \$   | .00          | .000   | \$  | .00  | \$  | .00      |
| HOSPITAL BASED               | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| INDEPENDENT FACILITY         | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| @LABORATORY FACILITY         | 0                        | 0        | \$         | .00           | \$   | .00          | .000   | \$  | .00  | \$  | .00      |
| PATHOLOGY                    | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| XO AND OTHERS                | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| @ORGANIZED OUTPATIENT CLINIC | 0                        | 0        | \$         | .00           | \$   | .00          | .000   | \$  | .00  | \$  | .00      |
| CLINIC                       | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| SURGICENTER                  | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| HEROIN DETOX CLINIC          | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| RURAL HEALTH CLINIC          | 0                        | 0        |            | .00           |      | .00          | .000   |     | .00  |     | .00      |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES AND EX | PENDITUE | RES MONTH- | OF-PAYMENT RE | PORT | FOR JAN 2004 | 4 THRU | DEC | 2004 | PAG | E 10,808 |
| MOP024                       | FEE-FOR-SERVICE/DENTAL   |          |            |               |      |              |        |     |      |     | 03/14/05 |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES FOR  | IRCA AI  | LIENS      | AID C         | ODES | 51 52 56 57  |        |     |      |     |          |

| SACRAMENIO COUNTI              | SUMMARI OF SERV | VICES FOR IRCA ALIENS | AID (        | CODE2 21 22 26 | 3 /        |            |          |
|--------------------------------|-----------------|-----------------------|--------------|----------------|------------|------------|----------|
|                                |                 |                       |              |                | MONT       | HLY AVERAG | E        |
| 00 ELIGIBLES                   | USERS           | UNITS OF SERVICE      | EXPENDITURES | AVERAGE COST   | UNITS/DAYS | COST PER   | COST PER |
|                                |                 | OR DAYS OF CARE       |              | PER UNIT/DAY   | PER ELIG   | USER       | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 0               | 0 \$                  | .00          | \$ .00         | .000 \$    | .00        | \$ .00   |
| DURABLE MED. EQUIP.            | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| BLOOD BANK                     | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| HEARING AID DISPENSERS         | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| MEDICAL TRANSPORTATION         | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| AMBULANCES/AIR TRANS           | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| OTHER TRANS                    | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| OTHER SERVICES                 | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| ACUPUNCTURE                    | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| ADULT DAY HEALTH CARE CTR      | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| GENETIC DISEASE TESTING        | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| OCCUPATIONAL THERAPIST         | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| OPTICIAN                       | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| PHYSICAL THERAPIST             | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| PORTABLE X-RAY                 | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| PROSTHETIST/ORTHOTISTS         | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| PROSTHETICS                    | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| ORTHOTICS                      | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| PSYCHOLOGIST                   | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| SPEECH AND AUDIOLOGY           | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| HOSPICE SERVICES               | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| NONINST BIRTHING CENTERS       | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| LOCAL EDUCATION AGENCIES       | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| RESPIRATORY CARE PRACT.        | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| PED SUBACUTE REHAB/WEANING     | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| ALL OTHER PROVIDERS            | 0               | 0                     | .00          | .00            | .000       | .00        | .00      |
| @CALIF. CHILDREN SERVICES*     | 0               | 0 \$                  | .00          | \$ .00         | .000 \$    | .00        | \$ .00   |

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 10,809 03/14/05

MONIBULL ATTEDACE

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

|                            |                |                  |                    |              | MON        | ITHLY AVERA | GE        |
|----------------------------|----------------|------------------|--------------------|--------------|------------|-------------|-----------|
| 13,777 ELIGIBLES           | USERS          | UNITS OF SERVICE | EXPENDITURES       | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER  |
|                            |                | OR DAYS OF CARE  |                    | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 5 <b>,</b> 999 | 45,928 \$        | 4,809,322.67       | \$ 104.71    | 3.334 \$   | 801.69      | \$ 349.08 |
| @PHYSICIANS SERVICES       | 3,462          | 13,614 \$        | 974,666.33         | \$ 71.59     | .988 \$    | 281.53      | \$ 70.75  |
| OUTPATIENT VISITS          | 1,932          | 4,795            | 198,588.24         | 41.42        | .348       | 102.79      | 14.41     |
| OFFICE VISITS              | 373            | 451              | 20,834.24          | 46.20        | .033       | 55.86       | 1.51      |
| HOME VISITS                | 0              | 0                | .00                | .00          | .000       | .00         | .00       |
| EMERGENCY ROOM             | 407            | 460              | 29 <b>,</b> 373.81 | 63.86        | .033       | 72.17       | 2.13      |
| PREVENTIVE CARE            | 1              | 1                | 68.73              | 68.73        | .000       | 68.73       | .00       |
| OB VISITS/COMPRE PERI      | 1,280          | 3 <b>,</b> 796   | 146,173.08         | 38.51        | .276       | 114.20      | 10.61     |
| OTHER OUTPATIENT           | 58             | 87               | 2,138.38           | 24.58        | .006       | 36.87       | .16       |
| INPATIENT VISITS           | 630            | 2,024            | 105,874.95         | 52.31        | .147       | 168.06      | 7.68      |
| HOSPITAL VISITS            | 610            | 1,766            | 74,898.69          | 42.41        | .128       | 122.78      | 5.44      |
| CRITICAL CARE              | 38             | 258              | 30 <b>,</b> 976.26 | 120.06       | .019       | 815.16      | 2.25      |
| SNF/ICF/TRANS IP CARE      | 0              | 0                | .00                | .00          | .000       | .00         | .00       |
| OPHTHALMOLOGICAL SERVICES  | 1              | 1                | 44.55              | 44.55        | .000       | 44.55       | .00       |
| EXAMINATIONS               | 1              | 1                | 44.55              | 44.55        | .000       | 44.55       | .00       |
| SERVICES AND MATERIALS     | 0              | 0                | .00                | .00          | .000       | .00         | .00       |
| INPATIENT HOSPITAL SURGERY | 728            | 3,025            | 473,771.50         | 156.62       | .220       | 650.79      | 34.39     |
| PRINCIPAL SURGEON          | 528            | 620              | 397,491.49         | 641.12       | .045       | 752.82      | 28.85     |
| ASSISTANT SURGEON          | 73             | 73               | 13,434.00          | 184.03       | .005       | 184.03      | .98       |
| ANESTHESIOLOGIST           | 288            | 2,332            | 62 <b>,</b> 846.01 | 26.95        | .169       | 218.22      | 4.56      |
| OUTPATIENT SURGERY         | 159            | 320              | 21,970.28          | 68.66        | .023       | 138.18      | 1.59      |
| PRINCIPAL SURGEON          | 132            | 173              | 17,714.95          | 102.40       | .013       | 134.20      | 1.29      |

| ASSISTANT SURGEON          | 0                     | 0              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
|----------------------------|-----------------------|----------------|---------|------------------|------|------------|---------|-------|--------|----|------------|
| ANESTHESIOLOGIST           | 36                    | 147            |         | 4,255.33         |      | 28.95      | .011    |       | 118.20 |    | .31        |
| DIALYSIS                   | 63                    | 209            |         | 22,583.25        |      | 108.05     | .015    |       | 358.46 |    | 1.64       |
| PATHOLOGY                  | 329                   | 554            |         | 13,144.52        |      | 23.73      | .040    |       | 39.95  |    | .95        |
| RADIOLOGY                  | 1,118                 | 2,003          |         | 110,198.48       |      | 55.02      | .145    |       | 98.57  |    | 8.00       |
| PSYCHIATRY                 | 1                     | 1              |         | 102.39           |      | 102.39     | .000    |       | 102.39 |    | .01        |
| IMMUNIZATION AND INJECTION | 76                    | 104            |         | 5,050.12         |      | 48.56      | .008    |       | 66.45  |    | .37        |
| OTHER SERVICES/ALL X-OVERS | 337                   | 578            |         | 23,338.05        |      | 40.38      | .042    |       | 69.25  |    | 1.69       |
| @PHARMACY                  | 1,772                 | 3 <b>,</b> 965 | \$      | 128,759.51       | \$   | 32.47      | .288    | \$    | 72.66  | \$ | 9.35       |
| PRESCRIPTION DRUGS         | 1,721                 | 3,740          |         | 116,529.90       |      | 31.16      | .271    |       | 67.71  |    | 8.46       |
| SNF/ICF                    | 2                     | 13             |         | 616.95           |      | 47.46      | .001    |       | 308.48 |    | .04        |
| OUTPATIENTS                | 1,719                 | 3 <b>,</b> 727 |         | 115,912.95       |      | 31.10      | .271    |       | 67.43  |    | 8.41       |
| MEDICAL SUPPLIES           | 111                   | 225            |         | 12,229.61        |      | 54.35      | .016    |       | 110.18 |    | .89        |
| @DENTIST                   | 45                    | 165            | \$      | 1,250.00         | \$   | 7.58       | .012    | \$    | 27.78  | \$ | .09        |
| VISITS - DIAGNOSTIC        | 38                    | 99             |         | 665.00           |      | 6.72       | .007    |       | 17.50  |    | .05        |
| ORAL SURGERY               | 10                    | 17             |         | 530.00           |      | 31.18      | .001    |       | 53.00  |    | .04        |
| DRUGS                      | 0                     | 0              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| ANESTHESIA                 | 0                     | 0              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| PERIODONTICS               | 5                     | 5              |         | 55.00            |      | 11.00      | .000    |       | 11.00  |    | .00        |
| ENDODONTICS                | 2                     | 2              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| RESTORATIVE DENTISTRY      | 3                     | 11             |         | .00              |      | .00        | .001    |       | .00    |    | .00        |
| PROSTHETICS                | 0                     | 0              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| DENTURES, STAYPLATES       | 3                     | 27             |         | .00              |      | .00        | .002    |       | .00    |    | .00        |
| SPACE MAINTAINERS          | 0                     | 0              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                     | 0              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                     | 0              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| ORTHODONTIC SERVICES       | 1                     | 1              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| ALL OTHER SERVICES         | 2                     | 3              |         | .00              |      | .00        | .000    |       | .00    |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND |                | ES MON' | TH-OF-PAYMENT RE | PORT | FOR JAN 20 | 04 THRU | DEC 2 | 2004   | PI | AGE 10,810 |
| MOP024                     | FEE-FOR-SERVICE/DENTA | L .            |         |                  |      |            |         |       |        |    | 03/14/05   |

| DITCHMIDNIO COONTI           | DOIMMING OF BEIN | VICED ION HI/HN | 2311111 | WIIIIOOI DID MID | СОРП | 33 30 31   |            |    |            |     |          |
|------------------------------|------------------|-----------------|---------|------------------|------|------------|------------|----|------------|-----|----------|
|                              |                  |                 |         |                  |      |            |            |    | THLY AVERA | GE. |          |
| 13,777 ELIGIBLES             | USERS            | UNITS OF SERVI  | CE      | EXPENDITURES     | AV   | ERAGE COST | UNITS/DAY: | S  | COST PER   |     | COST PER |
|                              |                  | OR DAYS OF CA   | RE      |                  | PΕ   | R UNIT/DAY | PER ELIG   |    | USER       |     | ELIGIBLE |
| @OPTOMETRIST                 | 0                | 0               | \$      | .00              | \$   | .00        | .000       | \$ | .00        | \$  | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| EYE APPLIANCES               | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| OTHER OPTOMETRIC SERVICES    | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| @CHIROPRACTOR                | 0                | 0               | \$      | .00              | \$   | .00        | .000       | \$ | .00        | \$  | .00      |
| VISITS                       | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| OTHER SERVICES               | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| @PODIATRIST                  | 0                | 0               | \$      | .00              | \$   | .00        | .000       | \$ | .00        | \$  | .00      |
| MEDICINE/INJECTIONS          | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| SURGERY/ANES.                | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| RADIO./PATHOLOGY             | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| OTHER                        | 0                | 0               |         | .00              |      | .00        | .000       |    | .00        |     | .00      |
| @HOME HEALTH AGENCY          | 8                | 58              | \$      | 4,136.72         | \$   | 71.32      | .004       | \$ | 517.09     | \$  | .30      |
| NURSE ANESTHESIST            | 27               | 274             | \$      | 5,073.93         | \$   | 18.52      | .020       | \$ | 187.92     | \$  | .37      |
| NURSE MIDWIFE                | 0                | 0               | \$      | .00              | \$   | .00        | .000       | \$ | .00        | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0                | 0               | \$      | .00              | \$   | .00        | .000       | \$ | .00        | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 0                | 0               | \$      | .00              | \$   | .00        | .000       | \$ | .00        | \$  | .00      |
| @TOTAL HOSPITAL              | 1,907            | 10,288          | \$      | 3,160,873.17     | \$   | 307.24     | .747       | \$ | 1657.51    | \$  | 229.43   |
| HOSP INPATIENT TOTAL         | 631              | 2,237           |         | 2,981,859.53     |      | 1332.97    | .162       |    | 4725.61    |     | 216.44   |
| HSC HOSPITALS                | 621              | 2,173           |         | 2,838,295.40     |      | 1306.16    | .158       |    | 4570.52    |     | 206.02   |
| NON-HSC HOSPITAL TOTAL       | 9                | 64              |         | 142,688.13       |      | 2229.50    | .005       |    | 15854.24   |     | 10.36    |
| ACCOMMODATIONS               | 9                | 64              |         | 47,870.40        |      | 747.98     | .005       |    | 5318.93    |     | 3.47     |
|                              |                  |                 |         |                  |      |            |            |    |            |     |          |

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

SACRAMENTO COUNTY

| ADMINISTRATIVE DAYS                     | 1  | 10                                      | 2,313.00                      | 231.30   | .001         | 2313.00         | .17       |
|---|--|---|-------------------------------|--|--------------|-----------------|-----------|
| TRANSITIONAL IP CARE                    | 0  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| ALL OTHER ACCOM                         | 8  | 54                                      | 45,557.40                     | 843.66   | .004         | 5694.68         | 3.31      |
| ANCILLARIES                             | 9  | 0                                       | 94,817.73                     | .00  | .000         | 10535.30        | 6.88      |
| INPATIENT CROSSOVERS                    | 1  | 0                                       | 876.00                        | .00  | .000         | 876.00          | .06       |
| ALL OTHER INPATIENT                     | 9<br>1<br>0<br>1,629                       | 54<br>0<br>0<br>0<br>0<br>8,051         | .00<br>179,013.64<br>6,973.56 | .00  | .000         | .00             | .00       |
| HOSP OUTPATIENT TOTAL                   | 1,629                                      | 8.051                                   | 179,013.64                    | 22.23  | .584         |                 | 12.99     |
| MEDICAL                                 | 193  | 278                                     | 6,973.56                      | 22.23<br>25.08   | .020         | 109.89          | .51       |
| SURGERY                                 | 196  | 314                                     | 8,182.30                      | 26.06  | .023         | 41.75           | .59       |
| PATHOLOGY                               | 683  | 3,651                                   | 34,855.95                     | 9.55   | .265         | 51.03           | 2.53      |
| RADIOLOGY                               | 412  | 566                                     | 42,222.05                     | 74.60  | .041         | 102.48          | 3.06      |
| ROOM USE                                | 808  |   | 41,180.29                     | 37.92  | .079         | 50.97           | 2.99      |
| ROOM USE<br>CROSSOVERS/ALL OTH OUTPINT  | 917  | 1,086<br>2,156                          | 45,599.49                     | 21.15  | .156         | 49.73           | 3.31      |
| @COUNTY HOSPITAL TOTAL                  | 25   | 139 \$                                  | 34 690 65                     | \$ 249.57  |              | 1387.63         |           |
| CO HOSPITAL INPATIENT TOTAL             | 25<br>14                                   | 139 7                                   | 31,482.19                     | 1124.36  | .002         | 2248.73         | 2.29      |
| HSC HOSPITALS                           | 14   | 20                                      | 31,482.19                     | 1124.36  | .002         | 2248.73         | 2.29      |
|   | 0  | 20                                      | 31,402.19                     | .00  | .002         | .00             | .00       |
| NON-HSC HOSPITALS TOTAL ACCOMMODATIONS  | 0  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| ACCOMMODATIONS                          | 0  | 0                                       | .00                           |  |              | .00             | .00       |
| ADMINISTRATIVE DAYS                     | 0  | 0                                       | .00                           | .00  | .000         |                 | .00       |
| TRANSITIONAL IP CARE                    | U  | 0                                       | .00                           |  | .000         | .00             |           |
| ALL OTHER ACCOM                         | U  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| ANCILLARIES                             | U  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| INPATIENT CROSSOVERS                    | 0  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| ALL OTHER INPATIENT                     | 0  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| CO HOSP OUTPATIENT TOTAL                | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>21 | 139 \$ 28 28 0 0 0 0 0 0 0 111          | 3,208.46                      | 28.91  | .008         | 152.78          | .23       |
| MEDICAL                                 | 0  | 0<br>7<br>52                            | .00                           | .00  | .000         | .00             | .00       |
| SURGERY                                 | 4<br>10                                    | 7                                       | 187.48                        | 26.78  | .001         | 46.87           | .01       |
| PATHOLOGY                               | 10   | 52                                      | 839.51                        | 10.14  | .004         | 83.95           | .06       |
| RADIOLOGY                               | 1  | <del>-</del>                            | 26.13                         | 26.13  | .000         | 26.13           | .00       |
| ROOM USE                                | 8  | 17                                      | 954.45                        | 56.14  | .001         | 119.31          | .07       |
| CROSSOVERS/ALL OTH OUTPTNT              |  | 34                                      | 1,200.89                      | 35.32  | .002         | 75.06           | .09       |
| #CALIF DEPT OF HEALTH SERV              | MEDI-CAL SERVIC                            | ES AND EXPENDITURES                     | MONTH-OF-PAYMENT F            | REPORT FOR JAN 2   | 2004 THRU DE | EC 2004         | - · , ·   |
| MOP024                                  | FEE-FOR-SERVICE                            | /DENTAL                                 |                               |  |              |                 | 03/14/05  |
| SACRAMENTO COUNTY                       | SUMMARY OF SERV                            | ICES FOR MI/MN ALIE                     | N WITHOUT SIS AID             | CODE 55 58 5F  |              |                 |           |
|   |  |   |                               |  |              |                 | GE        |
|   | USERS                                      | UNITS OF SERVICE                        | EXPENDITURES                  | AVERAGE COST   |              | COST PER        | COST PER  |
| @COMMUNITY HOSPITAL TOTAL               |  | OR DAYS OF CARE                         |                               | PER UNIT/DAY   | PER ELIG     | USER            | ELIGIBLE  |
| @COMMUNITY HOSPITAL TOTAL               | 1,884                                      | 10,149 \$                               | 3,126,182.52                  | \$ 308.03  | .737         | 1659.33         | \$ 226.91 |
| COMM HOSP INPATIENT TOTAL HSC HOSPITALS | 617  | 2,209                                   | 2,950,377.34                  | \$ 308.03<br>1335.62<br>1308.54<br>2229.50<br>747.98<br>231 30 | .160         | 4781.81         | 214.15    |
| HSC HOSPITALS                           | 607  | 2,145                                   | 2,806,813.21                  | 1335.62<br>1308.54   | .156         | 4624.07         | 203.73    |
| NON-HSC HOSPITALS TOTAL                 | 9  | 64                                      | 142,688.13                    | 2229.50  | .005         | 15854.24        | 10.36     |
| ACCOMMODATIONS                          | 9  | 64                                      | 47,870.40                     | 747.98   | .005         | 5318.93         | 3.47      |
| ADMINISTRATIVE DAYS                     | 1  | 10                                      | 2,313.00                      | 231.30   | .001         | 2313.00         | .17       |
| TRANSITIONAL IP CARE                    | 0  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| ALL OTHER ACCOM                         | 8  | 54                                      | .00<br>45,557.40              | 843.66   | .004         | 5694.68         | 3.31      |
| ANCILLARIES                             | 9<br>9<br>1<br>0<br>8<br>9                 | 2,145<br>64<br>64<br>10<br>0<br>54<br>0 | 94,817.73                     | .00  | .000         | 10535.30        | 6.88      |
| INPATIENT CROSSOVERS                    | 1  | 0                                       | 876.00                        | 0.0  | .000         | 876.00          | .06       |
| ALL OTHER INPATIENT                     | 0  | 0                                       | .00                           | .00  | .000         | .00             | .00       |
| COMM HOSP OUTPATIENT TOTAL              | 1,609                                      | 7,940<br>278                            | 175.805.18                    | 22.14  | .576         | 109.26          | 12.76     |
| MEDICAL                                 | 193  | 278                                     | 6.973.56                      | 22.14<br>25.08   | .020         | 109.26<br>36.13 | .51       |
| SURGERY                                 | 192  | 307                                     | 7,994.82                      | 26.04  | .022         | 41.64           | .58       |
| PATHOLOGY                               | 673  | 3 <b>,</b> 599                          | 34,016.44                     | 9.45   | .261         | 50.54           | 2.47      |
| PADTOLOGY                               | 411  | 5,555                                   | 42 105 02                     | 74.69  | 0.41         | 102.57          | 2.47      |

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

411

800

901

0

565

0

1,069

2,122

42,195.92

40,225.84

44,398.60

.00 \$

74.68

37.63

20.92

.00

.041

.078

.154

.000 \$

50.28

49.28

.00 \$

3.06

2.92

3.22

.00

102.67

| MENTALLY ILL                   | 0               | Ō                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
|--------------------------------|-----------------|---------------------|--------|--------------------|-------|-------------|-------------|----|----------|------------|---------------|
| DEVELOP. DISABLED              | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| @NURSING FACILITY              | 0               | 0                   | \$     | .00                | \$    | .00         | .000        | \$ | .00      | \$         | .00           |
| LEV A-INTERMEDIATE             | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| LEV B-REHAB MD                 | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| LEV B-SUBACUTE FREESTANDING    | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| LEV B-SUBACUTE HSPTL BASED     | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| LEV B-TRANSITIONAL IP CARE     | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| LEV B-REGULAR                  | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| @INTERMEDIATE CARE FACILDD     | 0               | 0                   | Ś      | .00                | Ś     | .00         | .000        | Ś  | .00      | Ś          | .00           |
| ICF DDH                        | 0               | 0                   |        | .00                | '     | .00         | .000        |    | .00      |            | .00           |
| ICF DD                         | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| ICF DDN/DDCN                   | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| @HEMODIALYSIS TOTAL            | 107             | 6,798               | \$     | 284,089.58         | \$    | 41.79       |             | Ś  | 2655.04  | Ś          | 20.62         |
| HOSPITAL BASED                 | 6               | 58                  | ¥      | 11,098.53          | ۲     | 191.35      | .004        |    | 1849.76  | Ψ          | .81           |
| HEMODIALYSIS CENTER            | 101             | 6,740               |        | 272,991.05         |       | 40.50       | .489        |    | 2702.88  |            | 19.81         |
| @REHABILITATION FACILITY       | 0               | 0,710               | \$     | .00                | \$    | .00         |             | \$ | .00      | Ś          | .00           |
| HOCDIMAI BACED                 | 0               | 0                   | Y      | .00                | ۲     | .00         | .000        | Y  | .00      | Y          | .00           |
| INDEPENDENT FACILITY           | 0<br>1,813      |                     |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| @LABORATORY FACILITY           | 1 013           | 0<br>5 <b>,</b> 394 | \$     | 66,997.22          | \$    | 12.42       | .392        | Ċ  | 36.95    | Ċ          | 4.86          |
| PATHOLOGY                      | 1,813           | 5,394<br>5,394      | Ą      | 66,997.22          | ۲     | 12.42       | .392        | ې  | 36.95    | ې          | 4.86          |
|                                | 1,013           | 0,394               |        | •                  |       | .00         | .000        |    | .00      |            | .00           |
| XO AND OTHERS                  |                 | 4,389               | \$     | .00                | \$    |             |             | ċ  |          | ċ          |               |
| @ORGANIZED OUTPATIENT CLINIC   | 911<br>761      |                     | Ą      | 141,717.22         | Ş     | 32.29       | .319        | Ş  |          | Ş          | 10.29<br>7.63 |
| CLINIC                         | 13              | 4,064               |        | 105,153.03         |       | 25.87       | .295        |    | 138.18   |            |               |
| SURGICENTER                    | 13              | 59<br>0             |        | 1,822.88           |       | 30.90       | .004        |    | 140.22   |            | .13           |
| HEROIN DETOX CLINIC            | -               | •                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| RURAL HEALTH CLINIC            | 137             | 266                 |        | 34,741.31          |       | 130.61      | .019        |    | 253.59   |            | 2.52          |
|                                |                 |                     | RES N  | MONTH-OF-PAYMENT R | EPORT | ' FOR JAN 2 | 2004 THRU L | EC | 2004     | P          | AGE 10,812    |
|                                | FEE-FOR-SERVICE |                     |        |                    |       |             |             |    |          |            | 03/14/05      |
| SACRAMENTO COUNTY              | SUMMARY OF SERV | ICES FOR MI/MN      | ALIEN  | WITHOUT SIS AID    | CODE  | 55 58 5F    |             |    |          | <b>~</b> = |               |
| 12 777 71 77777                |                 |                     | _      |                    | 3     |             | MC          |    |          |            |               |
| 13,777 ELIGIBLES               | USERS           | UNITS OF SERVIC     |        | EXPENDITURES       |       |             | UNITS/DAYS  |    | COST PER |            | COST PER      |
| OALL OBUILD DDOULDEDG          | 386             | OR DAYS OF CAR      | E<br>S | 41 750 00          |       | UNIT/DAY    |             | ċ  | USER     |            | ELIGIBLE      |
| @ALL OTHER PROVIDERS           |                 | 983                 | \$     | 41,758.99          | \$    | 42.48       | .071        | Ş  | 108.18   | Ş          | 3.03          |
| DURABLE MED. EQUIP.            | 1               | 1                   |        | 11.07              |       | 11.07       | .000        |    | 11.07    |            | .00           |
| BLOOD BANK                     | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| HEARING AID DISPENSERS         | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| MEDICAL TRANSPORTATION         | 115<br>115      | 706                 |        | 13,191.42          |       | 18.68       | .051        |    | 114.71   |            | .96           |
| AMBULANCES/AIR TRANS           |                 | 703                 |        | 13,161.78          |       | 18.72       | .051        |    | 114.45   |            | .96           |
| OTHER TRANS                    | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| OTHER SERVICES                 | 3               | 3                   |        | 29.64              |       | 9.88        | .000        |    | 9.88     |            | .00           |
| ACUPUNCTURE                    | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| ADULT DAY HEALTH CARE CTR      | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| GENETIC DISEASE TESTING        | 258             | 259                 |        | 27,195.00          |       | 105.00      | .019        |    | 105.41   |            | 1.97          |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| OCCUPATIONAL THERAPIST         | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| OPTICIAN                       | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| PHYSICAL THERAPIST             | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| PORTABLE X-RAY                 | 0               | 0                   |        | .00                |       | .00         | .000        |    | .00      |            | .00           |
| PROSTHETIST/ORTHOTISTS         | 15              | 17                  |        | 1,361.50           |       | 80.09       | .001        |    | 90.77    |            | .10           |
| DD COMPLETE CO                 | 1 -             | 1 7                 |        | 1 261 50           |       | 0000        | 0.01        |    | 00 77    |            | 1.0           |

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PROSTHETICS

HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

ORTHOTICS

PSYCHOLOGIST

15

0

0

0

0

0

| LOCAL EDUCATION AGENCIES      | 0  | 0   | .00              | .00          | .000 | .00        | .00         |
|-------------------------------|----|-----|------------------|--------------|------|------------|-------------|
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0   | .00              | .00          | .000 | .00        | .00         |
| RESPIRATORY CARE PRACT.       | 0  | 0   | .00              | .00          | .000 | .00        | .00         |
| PED SUBACUTE REHAB/WEANING    | 0  | 0   | .00              | .00          | .000 | .00        | .00         |
| ALL OTHER PROVIDERS           | 0  | 0   | .00              | .00          | .000 | .00        | .00         |
| @CALIF. CHILDREN SERVICES*    | 54 | 659 | \$<br>141,708.97 | \$<br>215.04 | .048 | \$ 2624.24 | \$<br>10.29 |
| @XOVER EXCLUDING STATE HOSP** | 6  | 16  | \$<br>1,420.88   | \$<br>88.81  | .001 | \$ 236.81  | \$<br>.10   |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,813 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

| MOP024                     | FEE-FOR-SERVIC | E/DENTAL           |                   |                |           |            | 03/14/05  |
|----------------------------|----------------|--------------------|-------------------|----------------|-----------|------------|-----------|
| SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR REFUGEES | AID (             | CODES 01 02 08 | 0A        |            |           |
|                            |                |                    |                   |                | MONT      | HLY AVERAG | E         |
| 3,555 ELIGIBLES            | USERS          | UNITS OF SERVICE   | EXPENDITURES      | AVERAGE COST   |           |            | COST PER  |
|                            |                | OR DAYS OF CARE    |                   | PER UNIT/DAY   |           | USER       | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 3,903          | 39 <b>,</b> 826 \$ | 661,945.50        | \$ 16.62       | 11.203 \$ |            | \$ 186.20 |
| @PHYSICIANS SERVICES       | 1,574          | 4,332 \$           | <b>,</b>          |                | 1.219 \$  |            |           |
| OUTPATIENT VISITS          | 1,161          | 1,649              | 64,781.41         | 39.29          | .464      | 55.80      | 18.22     |
| OFFICE VISITS              | 1,110          | 1,541              | 59,840.62         | 38.83          | .433      | 53.91      | 16.83     |
| HOME VISITS                | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
| EMERGENCY ROOM             | 37             | 40                 | 2,616.54          | 65.41          | .011      | 70.72      | .74       |
| PREVENTIVE CARE            | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
| OB VISITS/COMPRE PERI      | 20             | 60                 | 2,112.17          | 35.20          | .017      | 105.61     | .59       |
| OTHER OUTPATIENT           | 7              | 8                  | 212.08            | 26.51          | .002      | 30.30      | .06       |
| INPATIENT VISITS           | 13             | 44                 | 1,710.82          | 38.88          | .012      | 131.60     | .48       |
| HOSPITAL VISITS            | 13             | 44                 | 1,710.82          | 38.88          | .012      | 131.60     | .48       |
| CRITICAL CARE              | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
| SNF/ICF/TRANS IP CARE      | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
| OPHTHALMOLOGICAL SERVICES  | 63             | 76                 | 3,142.38          | 41.35          | .021      | 49.88      | .88       |
| EXAMINATIONS               | 51             | 64                 | 2,904.73          | 45.39          | .018      | 56.96      | .82       |
| SERVICES AND MATERIALS     | 12             | 12                 | 237.65            | 19.80          | .003      | 19.80      | .07       |
| INPATIENT HOSPITAL SURGERY | 12             | 59                 | 4,514.99          | 76.53          | .017      | 376.25     | 1.27      |
| PRINCIPAL SURGEON          | 7              | 8                  | 2,696.94          | 337.12         | .002      | 385.28     | .76       |
| ASSISTANT SURGEON          | 3              | 3                  | 717.98            | 239.33         | .001      | 239.33     | .20       |
| ANESTHESIOLOGIST           | 4              | 48                 | 1,100.07          | 22.92          | .014      | 275.02     | .31       |
| OUTPATIENT SURGERY         | 70             | 156                | 14,505.28         | 92.98          | .044      | 207.22     | 4.08      |
| PRINCIPAL SURGEON          | 58             | 80                 | 12,637.40         | 157.97         |           | 217.89     | 3.55      |
| ASSISTANT SURGEON          | 1              | 1                  | 107.22            | 107.22         | .000      | 107.22     | .03       |
| ANESTHESIOLOGIST           | 13             | 75                 | 1,760.66          | 23.48          | .021      | 135.44     | .50       |
| DIALYSIS                   | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
| PATHOLOGY                  | 208            | 296                | 2 <b>,</b> 353.86 | 7.95           | .083      | 11.32      | .66       |
| RADIOLOGY                  | 400            | 662                | 45,515.32         | 68.75          | .186      | 113.79     | 12.80     |
| PSYCHIATRY                 | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
| IMMUNIZATION AND INJECTION | 25             | 32                 | 1,444.10          | 45.13          | .009      | 57.76      | .41       |
| OTHER SERVICES/ALL X-OVERS | 451            | 1,358              | 48,724.26         | 35.88          | .382      | 108.04     | 13.71     |
| @PHARMACY                  | 1,474          | 5 <b>,</b> 395 \$  | 170,160.89        |                | 1.518 \$  |            | •         |
| PRESCRIPTION DRUGS         | 1,467          | 4,568              | 167,090.68        | 36.58          | 1.285     | 113.90     | 47.00     |
| SNF/ICF                    | 1              | 5                  | 155.54            | 31.11          | .001      | 155.54     | .04       |
| OUTPATIENTS                | 1,467          | 4,563              | 166,935.14        | 36.58          | 1.284     | 113.79     | 46.96     |
| MEDICAL SUPPLIES           | 29             | 827                | 3,070.21          | 3.71           | .233      | 105.87     | .86       |
| @DENTIST                   | 342            | 1,600 \$           | <b>,</b>          | \$ 58.41       | .450 \$   |            |           |
| VISITS - DIAGNOSTIC        | 230            | 815                | 15,374.30         | 18.86          | .229      | 66.84      | 4.32      |
| ORAL SURGERY               | 40             | 91                 | 5,379.30          | 59.11          | .026      | 134.48     | 1.51      |
| DRUGS                      | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
| ANESTHESIA                 | 0              | 0                  | .00               | .00            | .000      | .00        | .00       |
|                            |                |                    |                   |                |           |            |           |

| PERIODONTICS               | 32                | 31                 | 3,371.00           | 108.74         | .009        | 105.34      | .95         |
|----------------------------|-------------------|--------------------|--------------------|----------------|-------------|-------------|-------------|
| ENDODONTICS                | 61                | 111                | 29,935.00          | 269.68         | .031        | 490.74      | 8.42        |
| RESTORATIVE DENTISTRY      | 152               | 508                | 35,543.00          | 69.97          | .143        | 233.84      | 10.00       |
| PROSTHETICS                | 9                 | 11                 | 420.00             | 38.18          | .003        | 46.67       | .12         |
| DENTURES, STAYPLATES       | 10                | 24                 | 3,394.60           | 141.44         | .007        | 339.46      | .95         |
| SPACE MAINTAINERS          | 0                 | 0                  | .00                | .00            | .000        | .00         | .00         |
| MAXILLOFACIAL SERVICES     | 0                 | 0                  | .00                | .00            | .000        | .00         | .00         |
| FRACTURES, DISLOCATIONS    | 0                 | 0                  | .00                | .00            | .000        | .00         | .00         |
| ORTHODONTIC SERVICES       | 1                 | 1                  | 35.00              | 35.00          | .000        | 35.00       | .01         |
| ALL OTHER SERVICES         | 5                 | 8                  | .00                | .00            | .002        | .00         | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES | S AND EXPENDITURES | S MONTH-OF-PAYMENT | REPORT FOR JAN | 2004 THRU D | EC 2004     | PAGE 10,814 |
| MOP024                     | FEE-FOR-SERVICE/I | DENTAL             |                    |                |             |             | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVIO | CES FOR REFUGEES   | AID                | CODES 01 02 08 | 3 OA        |             |             |
|                            |                   |                    |                    |                | MO          | NTHLY AVERA | GE          |
| 3,555 ELIGIBLES            | USERS (           | JNITS OF SERVICE   | EXPENDITURES       | AVERAGE COST   | UNITS/DAYS  | COST PER    | COST PER    |
|                            |                   | OR DAYS OF CARE    |                    | PER UNIT/DAY   | Y PER ELIG  | USER        | ELIGIBLE    |
| @OPTOMETRIST               | 113               | 352                | 7,277.66           | \$ 20.68       | .099        | \$ 64.40    | \$ 2.05     |
| DIAGNOSTIC AND ANC. PROCED | 70                | 72                 | 3,148.61           | 43.73          | .020        | 44.98       | .89         |
| EYE APPLIANCES             | 87                | 280                | 4,129.05           | 14.75          | .079        | 47.46       | 1.16        |
| OTHER OPTOMETRIC SERVICES  | 0                 | 0                  | .00                | .00            | .000        | .00         | .00         |
| @CHIROPRACTOR              | 0                 | 0 :                | .00                | \$ .00         | .000        | \$ .00      | \$ .00      |
| VISITS                     | 0                 | 0                  | .00                | .00            | .000        | .00         | .00         |
| OTHER SERVICES             | 0                 | 0                  | .00                | .00            | .000        | .00         | .00         |
| @PODIATRIST                | 21                | 29                 | 933.55             | \$ 32.19       | .008        | \$ 44.45    | \$ .26      |
| MEDICINE/INJECTIONS        | 20                | 22                 | 819.35             | 37.24          | .006        | 40.97       | .23         |
| SURGERY/ANES.              | 3                 | 3                  | 45.00              | 15.00          | .001        | 15.00       | .01         |
| RADIO./PATHOLOGY           | 3                 | 4                  | 69.20              | 17.30          | .001        | 23.07       | .02         |
| OTHER                      | 0                 | 0                  | .00                | .00            | .000        | .00         | .00         |

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@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

|                                  | 0               | 0                | Ċ        | 0.0                          | Ċ      | 0.0           | 0.00          | Ċ      | 0.0                    | Ċ    | 0.0          |
|----------------------------------|-----------------|------------------|----------|------------------------------|--------|---------------|---------------|--------|------------------------|------|--------------|
| FAMILY NURSE PRACTITIONER        | 0<br>133        | 0<br>671         | \$<br>\$ | .00                          | \$     | .00           | .000<br>.189  |        | .00                    |      | .00<br>23.98 |
| @TOTAL HOSPITAL                  |                 |                  | ş        | 85,263.87                    |        |               |               |        |                        |      |              |
| HOSP INPATIENT TOTAL             | 13              | 49               |          | 65,917.01                    |        | 1345.25       | .014          |        | 70.54                  |      | 18.54        |
| HSC HOSPITALS                    | 13              | 49               |          | 65,917.01                    |        |               | .014          | 50     | 70.54                  |      | 18.54        |
| NON-HSC HOSPITAL TOTAL           | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ACCOMMODATIONS                   | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ADMINISTRATIVE DAYS              | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| TRANSITIONAL IP CARE             | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ALL OTHER ACCOM                  | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ANCILLARIES                      | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ANCILLARIES INPATIENT CROSSOVERS | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ALL OTHER INPATIENT              | 0<br>123        | 0                |          | .00<br>19,346.86<br>1,981.23 |        | .00           | .000          |        | .00                    |      | .00          |
| HOSP OUTPATIENT TOTAL            | 123             | 622              |          | 19.346.86                    |        | 31.10         | .175          | 1      | 57.29                  |      | 5.44         |
| MEDICAL                          | 37              | 45               |          | 1,981.23                     |        | 44.03         | .013          | _      | .00<br>.57.29<br>53.55 |      | .56          |
| SURGERY                          | 14              | 15               |          | 882.77                       |        | 58.85         | .004          |        | 63.06                  |      | .25          |
| PATHOLOGY                        | 46              | 268              |          | 2,482.45                     |        | 9.26          | .075          |        | 53.97                  |      | .70          |
|                                  | 66              | 107              |          |                              |        | 76.47         |               |        | 23.97                  |      | 2.30         |
| RADIOLOGY                        | 59              | 107<br>84        |          | 8,182.11                     |        |               | .030          |        |                        |      |              |
| ROOM USE                         | 59              | 84               |          | 3,921.96                     |        | 46.69         | .024          |        | 66.47                  |      | 1.10         |
| CROSSOVERS/ALL OTH OUTPTNT       | 41              | 103              | _        | 1,896.34                     | _      | 18.41         | .029          |        | 46.25                  | _    | .53          |
| @COUNTY HOSPITAL TOTAL           |                 |                  | \$       | 52.62                        | \$     |               | .001          | Ş      | 52.62                  | Ş    | .01          |
| CO HOSPITAL INPATIENT TOTAL      | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| HSC HOSPITALS                    | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| NON-HSC HOSPITALS TOTAL          | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ACCOMMODATIONS                   | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ADMINISTRATIVE DAYS              | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| TRANSITIONAL IP CARE             | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ALL OTHER ACCOM                  | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ANCILLARIES                      | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| INPATIENT CROSSOVERS             | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ALL OTHER INPATIENT              | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| CO HOSP OUTPATIENT TOTAL         | 1               | 4                |          | 52.62                        |        | 13.16         | .001          |        | 52.62                  |      | .01          |
| MEDICAL                          | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| SURGERY                          | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| PATHOLOGY                        | 1               | 2                |          | 9.81                         |        | 4.91          | .001          |        | 9 81                   |      | .00          |
| RADIOLOGY                        | _               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ROOM USE                         | 1               | 1                |          | 36.11                        |        | 36.11         | .000          |        | 36.11                  |      | .01          |
| CROSSOVERS/ALL OTH OUTPTNT       | 1               | 1                |          | 6.70                         |        | 6.70          | .000          |        | 6.70                   |      | .00          |
| #CALIF DEPT OF HEALTH SERV       |                 |                  | TRES N   | MONTH-OF-PAYMENT R           | REPOR  |               |               | DEC 20 |                        |      | AGE 10,815   |
| MOP024                           | FEE-FOR-SERVICE |                  | OTCHO I  |                              | CDI OI | (1 101( 0111) | 2001 111110 1 | ,EC 20 | 0 1                    | 1.1  | 03/14/05     |
| SACRAMENTO COUNTY                |                 | VICES FOR REFUGI | TTC      | AID                          | CODE   | rs 01 02 08   | ΛΔ            |        |                        |      | 03/14/03     |
| SACIMILINIO COUNTI               | DOMMANT OF BEIN | VICES FOR REFOGI | راتان    | AID                          | CODE   | 15 01 02 00   | MC            | утнти  | . VALEY                | GE - |              |
| 3,555 ELIGIBLES                  | USERS           | UNITS OF SERVIO  | ~E       | EXPENDITURES                 | Z 7.7  | ERAGE COST    | UNITS/DAYS    |        |                        |      | COST PER     |
| 3,333 EDIGIDDES                  |                 | OR DAYS OF CAR   |          | EXIENDITORES                 |        | R UNIT/DAY    |               |        | ISER                   |      | ELIGIBLE     |
| @COMMUNITY HOSPITAL TOTAL        | 132             | 667              | \$       | 85,211.25                    |        | - ,           | _             |        | 545.54                 |      | 23.97        |
| COMM HOSP INPATIENT TOTAL        | 132             | 49               | Ą        | 65,917.01                    | Ą      | 1345.25       | .014          |        | 70.54                  | Ą    | 18.54        |
|                                  | 13              | 49               |          | 65,917.01                    |        |               |               |        | 70.54                  |      |              |
| HSC HOSPITALS                    |                 |                  |          |                              |        | 1345.25       | .014          |        |                        |      | 18.54        |
| NON-HSC HOSPITALS TOTAL          | o o             | 0                |          |                              |        |               | .000          |        |                        |      | .00          |
| ACCOMMODATIONS                   | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ADMINISTRATIVE DAYS              | Ü               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| TRANSITIONAL IP CARE             | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ALL OTHER ACCOM                  | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ANCILLARIES                      | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| INPATIENT CROSSOVERS             | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| ALL OTHER INPATIENT              | 0               | 0                |          | .00                          |        | .00           | .000          |        | .00                    |      | .00          |
| COMM HOSP OUTPATIENT TOTAL       | 122             | 618              |          | 19,294.24                    |        | 31.22         | .174          |        | 58.15                  |      | 5.43         |
| MEDICAL                          | 37              | 45               |          | 1,981.23                     |        | 44.03         | .013          |        | 53.55                  |      | .56          |
|                                  |                 |                  |          |                              |        |               |               |        |                        |      |              |

| SURGERY                        | 14              | 15                 |     | 882.77             |       | 58.85          | .004      |     | 63.06     |          | .25        |
|--------------------------------|-----------------|--------------------|-----|--------------------|-------|----------------|-----------|-----|-----------|----------|------------|
| PATHOLOGY                      | 45              | 266                |     | 2,472.64           |       | 9.30           | .075      |     | 54.95     |          | .70        |
| RADIOLOGY                      | 66              | 107                |     | 8,182.11           |       | 76.47          | .030      |     | 123.97    |          | 2.30       |
| ROOM USE                       | 58              | 83                 |     | 3,885.85           |       | 46.82          | .023      |     | 67.00     |          | 1.09       |
| CROSSOVERS/ALL OTH OUTPINI     |                 | 102                |     | 1,889.64           |       | 18.53          | .029      |     | 47.24     |          | .53        |
| @STATE HOSPITAL                | 0               | 0                  | \$  | .00                | \$    | .00            | .000      | Ś   | .00       | Ġ        | .00        |
| MENTALLY ILL                   | 0               | 0                  | Y   | .00                | Ÿ     | .00            | .000      | Ÿ   | .00       | Y        | .00        |
|                                | 0               | •                  |     |                    |       | .00            | .000      |     | .00       |          |            |
| DEVELOP. DISABLED              | 0               | 0                  | Ċ   | .00                | Ċ     |                |           | Ċ   |           | <u>_</u> | .00        |
| @NURSING FACILITY              | •               |                    | \$  | .00                | \$    | .00            | .000      | Ş   | .00       | Þ        | .00        |
| LEV A-INTERMEDIATE             | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| LEV B-REHAB MD                 | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| LEV B-SUBACUTE FREESTANDING    | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| LEV B-SUBACUTE HSPTL BASED     | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| LEV B-TRANSITIONAL IP CARE     | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| LEV B-REGULAR                  | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| @INTERMEDIATE CARE FACILDD     | 0               | 0                  | \$  | .00                | \$    | .00            | .000      | \$  | .00       | \$       | .00        |
| ICF DDH                        | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| ICF DD                         | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| ICF DDN/DDCN                   | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| @HEMODIALYSIS TOTAL            | 0               | Ő                  | \$  | .00                | \$    | .00            | .000      | Ś   | .00       | Ś        | .00        |
| HOSPITAL BASED                 | 0               | 0                  | ٧   | .00                | Υ     | .00            | .000      | Ψ.  | .00       | Υ        | .00        |
| HEMODIALYSIS CENTER            | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| @REHABILITATION FACILITY       | 0               | 0                  | Ċ   | .00                | \$    | .00            | .000      | ċ   | .00       | ċ        |            |
| •                              | 0               | 0                  | \$  |                    | Ş     |                |           | Ş   |           | Þ        | .00        |
| HOSPITAL BASED                 | •               | •                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| INDEPENDENT FACILITY           | 0               | 0                  | _   | .00                | _     | .00            | .000      | _   | .00       | _        | .00        |
| @LABORATORY FACILITY           | 963             | 4,417              | \$  | 47,588.68          |       |                | 1.242     | Ş   | 49.42     | Ş        | 13.39      |
| PATHOLOGY                      | 963             | 4,417              |     | 47,588.68          |       | 10.77          | 1.242     |     | 49.42     |          | 13.39      |
| XO AND OTHERS                  | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| @ORGANIZED OUTPATIENT CLINIC   | 734             | 2 <b>,</b> 787     | \$  |                    | \$    |                | .784      | \$  |           | \$       | 11.84      |
| CLINIC                         | 721             | 2,707              |     | 39,446.66          |       | 14.57          | .761      |     | 54.71     |          | 11.10      |
| SURGICENTER                    | 13              | 80                 |     | 2,654.55           |       | 33.18          | .023      |     | 204.20    |          | .75        |
| HEROIN DETOX CLINIC            | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| RURAL HEALTH CLINIC            | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| #CALIF DEPT OF HEALTH SERV     | MEDI-CAL SERVIO | CES AND EXPENDITUR | RES | MONTH-OF-PAYMENT R | EPOR: | FOR JAN 2      | 2004 THRU | DEC | 2004      | P        | AGE 10,816 |
| MOP024                         | FEE-FOR-SERVICE | E/DENTAL           |     |                    |       |                |           |     |           |          | 03/14/05   |
| SACRAMENTO COUNTY              |                 | /ICES FOR REFUGEE  | ES  | AID                | CODES | 3 01 02 08     | 0A        |     |           |          |            |
|                                |                 |                    |     |                    |       |                | M         | ONT | HLY AVERA | GE       |            |
| 3,555 ELIGIBLES                | USERS           | UNITS OF SERVICE   | C   | EXPENDITURES       | AVE   | ERAGE COST     |           |     |           |          | COST PER   |
| 0,000 ======                   |                 | OR DAYS OF CARE    |     |                    |       | R UNIT/DAY     |           |     | USER      |          | ELIGIBLE   |
| @ALL OTHER PROVIDERS           | 238             | 20,227             | \$  | 27,411.45          | \$    |                | 5.690     |     |           |          | 7.71       |
| DURABLE MED. EQUIP.            | 25              | 35                 | т   | 2,017.02           | т     |                | .010      | Τ.  | 80.68     | Τ.       | .57        |
| BLOOD BANK                     | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| HEARING AID DISPENSERS         | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
|                                | 16              | 80                 |     |                    |       | 10.00          | .023      |     | 94.51     |          |            |
| MEDICAL TRANSPORTATION         | 16              | 79                 |     | 1,512.12           |       | 18.90<br>19.02 |           |     |           |          | .43        |
| AMBULANCES/AIR TRANS           |                 |                    |     | 1,502.24           |       |                | .022      |     | 93.89     |          | .42        |
| OTHER TRANS                    | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| OTHER SERVICES                 | 1               | 1                  |     | 9.88               |       | 9.88           | .000      |     | 9.88      |          | .00        |
| ACUPUNCTURE                    | 2               | 6                  |     | 118.94             |       | 19.82          | .002      |     | 59.47     |          | .03        |
| ADULT DAY HEALTH CARE CTR      | 9               | 42                 |     | 2,998.92           |       | 71.40          | .012      |     | 333.21    |          | .84        |
| GENETIC DISEASE TESTING        | 1               | 1                  |     | 105.00             |       | 105.00         | .000      |     | 105.00    |          | .03        |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| OCCUPATIONAL THERAPIST         | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| OPTICIAN                       | 109             | 249                |     | 2,410.10           |       | 9.68           | .070      |     | 22.11     |          | .68        |
| PHYSICAL THERAPIST             | 55              | 654                |     | 8,453.86           |       | 12.93          | .184      |     | 153.71    |          | 2.38       |
| PORTABLE X-RAY                 | 0               | 0                  |     | .00                |       | .00            | .000      |     | .00       |          | .00        |
| PROSTHETIST/ORTHOTISTS         | 1               | 3                  |     | 306.44             |       | 102.15         | .001      |     | 306.44    |          | .09        |
|                                |                 |                    |     |                    |       |                |           |     |           |          |            |

| PROSTHETICS                   | 1  | 3      | 306.44       | 102.15      | .001  | 306.44      | .09       |
|-------------------------------|----|--------|--------------|-------------|-------|-------------|-----------|
| ORTHOTICS                     | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| PSYCHOLOGIST                  | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| SPEECH AND AUDIOLOGY          | 4  | 12     | 487.17       | 40.60       | .003  | 121.79      | .14       |
| HOSPICE SERVICES              | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| NONINST BIRTHING CENTERS      | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| LOCAL EDUCATION AGENCIES      | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| EPSDT SUPPLEMENTAL SERVICE    | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| RESPIRATORY CARE PRACT.       | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| PED SUBACUTE REHAB/WEANING    | 0  | 0      | .00          | .00         | .000  | .00         | .00       |
| ALL OTHER PROVIDERS           | 35 | 19,145 | 9,001.88     | .47         | 5.385 | 257.20      | 2.53      |
| @CALIF. CHILDREN SERVICES*    | 2  | 5      | \$<br>176.71 | \$<br>35.34 | .001  | \$<br>88.36 | \$<br>.05 |
| @XOVER EXCLUDING STATE HOSP** | 0  | 0      | \$<br>.00    | \$<br>.00   | .000  | \$<br>.00   | \$<br>.00 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,817 FEE-FOR-SERVICE/DENTAL

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

|                            |       |                   |                                       |              | MON        | THLY AVERAC | GE         |
|----------------------------|-------|-------------------|---------------------------------------|--------------|------------|-------------|------------|
| 961 ELIGIBLES              | USERS | UNITS OF SERVICE  | EXPENDITURES                          | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER   |
|                            |       | OR DAYS OF CARE   |                                       | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE   |
| @TOTAL, ALL PROVIDERS      | 1,249 | 23,179 \$         |                                       | \$ 64.70     | 24.120 \$  | 1200.68     | \$ 1560.51 |
| @PHYSICIANS SERVICES       | 847   | 12,475 \$         | 575,871.24                            | \$ 46.16     | 12.981 \$  | 679.90      | \$ 599.24  |
| OUTPATIENT VISITS          | 565   | 906               | 29,361.84                             | 32.41        | .943       | 51.97       | 30.55      |
| OFFICE VISITS              | 432   | 697               | 21,861.76                             | 31.37        | .725       | 50.61       | 22.75      |
| HOME VISITS                | 0     | 0                 | .00                                   | .00          |            | .00         | .00        |
| EMERGENCY ROOM             | 47    | 52                | 3,709.36                              | 71.33        | .054       | 78.92       | 3.86       |
| PREVENTIVE CARE            | 0     | 0                 | .00                                   | .00          | .000       | .00         | .00        |
| OB VISITS/COMPRE PERI      | 3     | 8                 | 67.28                                 | 8.41         |            | 22.43       | .07        |
| OTHER OUTPATIENT           | 115   | 149               | 3,723.44                              | 24.99        | .155       | 32.38       | 3.87       |
| INPATIENT VISITS           | 44    | 196               | 9,077.37                              | 46.31        | .204       | 206.30      | 9.45       |
| HOSPITAL VISITS            | 43    | 189               | 8,150.45                              | 43.12        | .197       | 189.55      | 8.48       |
| CRITICAL CARE              | 3     | 7                 | 926.92                                | 132.42       | .007       | 308.97      | .96        |
| SNF/ICF/TRANS IP CARE      | 0     | 0                 | .00                                   | .00          | .000       | .00         | .00        |
| OPHTHALMOLOGICAL SERVICES  | 6     | 7                 | 267.40                                | 38.20        | .007       | 44.57       | .28        |
| EXAMINATIONS               | 6     | 7                 | 267.40                                | 38.20        | .007       | 44.57       | .28        |
| SERVICES AND MATERIALS     | 0     | 0                 | .00                                   | .00          |            | .00         | .00        |
| INPATIENT HOSPITAL SURGERY | 61    | 322               | 21,863.47                             | 67.90        |            | 358.42      | 22.75      |
| PRINCIPAL SURGEON          | 39    | 45                | 15,662.70                             | 348.06       |            | 401.61      | 16.30      |
| ASSISTANT SURGEON          | 3     | 3                 | 380.11                                | 126.70       |            | 126.70      | .40        |
| ANESTHESIOLOGIST           | 27    | 274               | 5 <b>,</b> 820.66                     | 21.24        |            | 215.58      | 6.06       |
| OUTPATIENT SURGERY         | 90    | 384               | 19,299.42                             | 50.26        |            |             | 20.08      |
| PRINCIPAL SURGEON          | 67    | 105               |                                       | 144.00       |            |             | 15.73      |
| ASSISTANT SURGEON          | 2     | 2                 |                                       | 167.35       |            | 167.35      | .35        |
| ANESTHESIOLOGIST           | 29    | 277               | 3,844.28                              | 13.88        |            | 132.56      | 4.00       |
| DIALYSIS                   | 0     | 0                 | .00                                   | .00          |            |             | .00        |
| PATHOLOGY                  | 221   | 1 <b>,</b> 259    |                                       | 12.93        |            | 73.67       |            |
| RADIOLOGY                  | 353   | 1,445             | 125,132.39                            | 86.60        | 1.504      |             | 130.21     |
| PSYCHIATRY                 | 0     | 0                 | .00                                   | .00          | .000       | .00         | .00        |
| IMMUNIZATION AND INJECTION | 92    |                   | 333,178.62                            | 49.51        | 7.003      |             | 346.70     |
| OTHER SERVICES/ALL X-OVERS |       | 1,226             | 21,410.68                             |              |            |             | 22.28      |
| @PHARMACY                  |       | 2 <b>,</b> 359 \$ | 222,401.17                            |              |            | 288.08      | •          |
| PRESCRIPTION DRUGS         | 767   | 2,316             | · · · · · · · · · · · · · · · · · · · | 95.63        |            |             | 230.47     |
| SNF/ICF                    | 2     | 19                |                                       |              | .020       |             | .92        |
| OUTPATIENTS                | 766   | 2,297             | 220,594.46                            | 96.04        | 2.390      | 287.98      | 229.55     |

| MEDICAL SUPPLIES             | 17              | 43                       | 922.76          | 21.46         | .045           | 54.28      | .96         |
|------------------------------|-----------------|--------------------------|-----------------|---------------|----------------|------------|-------------|
| @DENTIST                     | 59              | 263 \$                   | 10,690.00       | \$ 40.65      | .274 \$        |            |             |
| VISITS - DIAGNOSTIC          | 40              | 148                      | 2,338.00        | 15.80         | .154           | 58.45      | 2.43        |
| ORAL SURGERY                 | 13              | 25                       | 1,310.00        | 52.40         | .026           | 100.77     | 1.36        |
| DRUGS                        | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| ANESTHESIA                   | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| PERIODONTICS                 | 3               | 3                        | 295.00          | 98.33         | .003           | 98.33      | .31         |
| ENDODONTICS                  | 6               | 8                        | 1,325.00        | 165.63        | .008           | 220.83     | 1.38        |
| RESTORATIVE DENTISTRY        | 26              | 57                       | 4,187.00        | 73.46         | .059           | 161.04     | 4.36        |
| PROSTHETICS                  | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| DENTURES, STAYPLATES         | 5               | 22                       | 1,235.00        | 56.14         | .023           | 247.00     | 1.29        |
| SPACE MAINTAINERS            | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| MAXILLOFACIAL SERVICES       | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| FRACTURES, DISLOCATIONS      | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| ORTHODONTIC SERVICES         | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| ALL OTHER SERVICES           | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIC | ES AND EXPENDITURES MONT | 'H-OF-PAYMENT R | EPORT FOR JAN | 1 2004 THRU DE | C 2004     | PAGE 10,818 |
| MOP024                       | FEE-FOR-SERVICE |                          |                 |               |                |            | 03/14/05    |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR BCCTP-FEDERAL   | A               | ID CODES OM O | ON OP          |            |             |
|                              |                 |                          |                 |               | MON'           | THLY AVERA | GE          |
| 961 ELIGIBLES                | USERS           | UNITS OF SERVICE         | EXPENDITURES    | AVERAGE COS   | ST UNITS/DAYS  | COST PER   | COST PER    |
|                              |                 | OR DAYS OF CARE          |                 | PER UNIT/DA   | AY PER ELIG    | USER       | ELIGIBLE    |
| @OPTOMETRIST                 | 24              | 68 \$                    | 1,408.12        | \$ 20.71      | .071 \$        | 58.67      | \$ 1.47     |
| DIAGNOSTIC AND ANC. PROCED   | 16              | 17                       | 621.47          | 36.56         | .018           | 38.84      | .65         |
| EYE APPLIANCES               | 19              | 51                       | 786.65          | 15.42         | .053           | 41.40      | .82         |
| OTHER OPTOMETRIC SERVICES    | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| @CHIROPRACTOR                | 0               | 0 \$                     | .00             | \$ .00        | .000 \$        | .00        | \$ .00      |
| VISITS                       | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| OTHER SERVICES               | 0               | 0                        | .00             | .00           | .000           | .00        | .00         |
| @PODIATRIST                  | 7               | 10 \$                    | 463.90          | \$ 46.39      | .010 \$        | 66.27      | \$ .48      |
| MEDICINE/INJECTIONS          | 7               | 7                        | 267.60          | 38.23         | .007           | 38.23      | .28         |
| SURGERY/ANES.                | 1               | 1                        | 11.00           | 11.00         | .001           | 11.00      | .01         |
| RADIO./PATHOLOGY             | 1               | 1                        | 17.30           | 17.30         | .001           | 17.30      | .02         |
| OTHER                        | 1               | 1                        | 168.00          | 168.00        | .001           | 168.00     | .17         |
| @HOME HEALTH AGENCY          | 5               | 11 \$                    | 683.25          | \$ 62.11      | .011 \$        | 136.65     | \$ .71      |
| NURSE ANESTHESIST            | 0               | 0 \$                     | .00             | \$ .00        | .000 \$        | .00        | \$ .00      |
| NURSE MIDWIFE                | 0               | 0 \$                     | .00             | \$ .00        | .000 \$        | .00        | \$ .00      |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0 \$                     | .00             | \$ .00        | .000 \$        | .00        | \$ .00      |
| FAMILY NURSE PRACTITIONER    | 0               | 0 \$                     | .00             | \$ .00        | .000 \$        | .00        | \$ .00      |
| @TOTAL HOSPITAL              | 431             | 6,664 \$                 | 648,735.19      | \$ 97.35      | 6.934 \$       | 1505.19    | \$ 675.06   |
| HOSP INPATIENT TOTAL         | 59              | 238                      | 295,204.32      | 1240.35       | .248           | 5003.46    | 307.18      |
|                              | F 0             | 0.00                     | 001 001 00      | 1000 00       | 000            | E01E 01    | 000 01      |

291,004.00

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1,848.10

1,476.22

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924.05

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8.04

3.03

11.25

37.10

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393

89

46

211

117

261

HSC HOSPITALS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

ACCOMMODATIONS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

229

9

0

0

0

0

0

6,426

1,584

162

374

562

58

| CROSSOVERS/ALL OTH OUTPTNT  | 157              | 3,686                   | 272,923.34       | 74.04           | 3.836        | 1738.37    | 284.00      |
|-----------------------------|------------------|-------------------------|------------------|-----------------|--------------|------------|-------------|
| @COUNTY HOSPITAL TOTAL      | 14               | 161 \$                  | 8,515.57         | \$ 52.89        | .168 \$      | 608.26     | \$ 8.86     |
| CO HOSPITAL INPATIENT TOTAL | 1                | 4                       | 4,400.00         | 1100.00         | .004         | 4400.00    | 4.58        |
| HSC HOSPITALS               | 1                | 4                       | 4,400.00         | 1100.00         | .004         | 4400.00    | 4.58        |
| NON-HSC HOSPITALS TOTAL     | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| ACCOMMODATIONS              | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| TRANSITIONAL IP CARE        | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| ALL OTHER ACCOM             | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| ANCILLARIES                 | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| INPATIENT CROSSOVERS        | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| ALL OTHER INPATIENT         | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL    | 13               | 157                     | 4,115.57         | 26.21           | .163         | 316.58     | 4.28        |
| MEDICAL                     | 7                | 23                      | 911.44           | 39.63           | .024         | 130.21     | .95         |
| SURGERY                     | 1                | 1                       | 126.12           | 126.12          | .001         | 126.12     | .13         |
| PATHOLOGY                   | 8                | 33                      | 372.47           | 11.29           | .034         | 46.56      | .39         |
| RADIOLOGY                   | 4                | 6                       | 406.55           | 67.76           | .006         | 101.64     | .42         |
| ROOM USE                    | 11               | 23                      | 1,046.23         | 45.49           | .024         | 95.11      | 1.09        |
| CROSSOVERS/ALL OTH OUTPINT  | 9                | 71                      | 1,252.76         | 17.64           | .074         | 139.20     | 1.30        |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICE | S AND EXPENDITURES MONT | TH-OF-PAYMENT RI | EPORT FOR JAN 2 | 2004 THRU DE | C 2004     | PAGE 10,819 |
| MOP024                      | FEE-FOR-SERVICE/ | DENTAL                  |                  |                 |              |            | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVI | CES FOR BCCTP-FEDERAL   | A:               | ID CODES OM ON  | 0 P          |            |             |
|                             |                  |                         |                  |                 | MON          | THLY AVERA | GE          |
| 961 ELIGIBLES               | USERS            | UNITS OF SERVICE        | EXPENDITURES     | AVERAGE COST    | UNITS/DAYS   | COST PER   | COST PER    |
|                             |                  | OR DAYS OF CARE         |                  | PER UNIT/DAY    |              | USER       | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | 421              | 6 <b>,</b> 503 \$       | 640,219.62       | \$ 98.45        | 6.767 \$     | 1520.71    | \$ 666.20   |
| COMM HOSP INPATIENT TOTAL   | 58               | 234                     | 290,804.32       |                 | .243         | 5013.87    | 302.61      |
| HSC HOSPITALS               | 57               | 225                     | 286,604.00       |                 | .234         | 5028.14    | 298.24      |
| NON-HSC HOSPITALS TOTAL     | 2                | 9                       | 3,324.32         | 369.37          | .009         | 1662.16    | 3.46        |
| ACCOMMODATIONS              | 2                | 9                       | 1,848.10         | 205.34          | .009         | 924.05     | 1.92        |
| ADMINISTRATIVE DAYS         | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |
| TRANSITIONAL IP CARE        | 0                | 0                       | .00              | .00             | .000         | .00        | .00         |

| ALL OTHER ACCOM              | 2                | 9             |           | 1,848.10        |          | 205.34    | .009       |          | 924.05           |            | 1.92       |
|------------------------------|------------------|---------------|-----------|-----------------|----------|-----------|------------|----------|------------------|------------|------------|
| ANCILLARIES                  | 2                | 0             |           | 1,476.22        |          | .00       | .000       |          | 738.11           |            | 1.54       |
| INPATIENT CROSSOVERS         | 1                | 0             |           | 876.00          |          | .00       | .000       |          | 876.00           |            | .91        |
| ALL OTHER INPATIENT          | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| COMM HOSP OUTPATIENT TOTAL   | 384              | 6,269         |           | 349,415.30      |          | 55.74     | 6.523      |          | 909.94           |            | 363.60     |
| MEDICAL                      | 83               | 139           |           | 6,811.44        |          | 49.00     | .145       |          | 82.07            |            | 7.09       |
| SURGERY                      | 45               | 57            |           | 2,785.66        |          | 48.87     | .059       |          | 61.90            |            | 2.90       |
| PATHOLOGY                    | 205              | 1,551         |           | 10,443.20       |          | 6.73      | 1.614      |          | 50.94            |            | 10.87      |
| RADIOLOGY                    | 114              | 368           |           | 35,246.29       |          | 95.78     | .383       |          | 309.18           |            | 36.68      |
|                              | 251              | 539           |           |                 |          |           |            |          |                  |            | 23.37      |
| ROOM USE                     |                  |               |           | 22,458.13       |          | 41.67     | .561       |          | 89.47<br>1835.61 |            |            |
| CROSSOVERS/ALL OTH OUTPINT   |                  | 3,615         |           | 271,670.58      | <u>^</u> | 75.15     | 3.762      | <u> </u> |                  | <u> </u>   | 282.70     |
| @STATE HOSPITAL              | 0                | 0             |           | .00             | \$       | .00       | .000       | Ş        | .00              | Ş          | .00        |
| MENTALLY ILL                 | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| DEVELOP. DISABLED            | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| @NURSING FACILITY            | 2                | 6             |           | 1,895.64        | \$       | 315.94    | .006       | Ş        | 947.82           | Ş          | 1.97       |
| LEV A-INTERMEDIATE           | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| LEV B-REHAB MD               | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| LEV B-SUBACUTE FREESTANDING  |                  | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| LEV B-REGULAR                | 2                | 6             |           | 1,895.64        |          | 315.94    | .006       |          | 947.82           |            | 1.97       |
| @INTERMEDIATE CARE FACILDD   | 0                | 0             | \$        | .00             | \$       | .00       | .000       | \$       | .00              | \$         | .00        |
| ICF DDH                      | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| ICF DD                       | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| ICF DDN/DDCN                 | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| @HEMODIALYSIS TOTAL          | 0                | 0             |           | .00             | \$       | .00       | .000       | \$       | .00              | Ś          | .00        |
| HOSPITAL BASED               | 0                | 0             |           | .00             | '        | .00       | .000       |          | .00              |            | .00        |
| HEMODIALYSIS CENTER          | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| @REHABILITATION FACILITY     | 3                | 17            |           | 371.81          | \$       | 21.87     | .018       | Ś        | 123.94           | Ś          | .39        |
| HOSPITAL BASED               | 3                | 17            |           | 371.81          | т        | 21.87     | .018       | т        | 123.94           | т          | .39        |
| INDEPENDENT FACILITY         | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| @LABORATORY FACILITY         | 256              | 920           |           | 13,892.30       | Ġ        | 15.10     | .957       | Ś        | 54.27            | Ś          | 14.46      |
| PATHOLOGY                    | 256              | 920           |           | 13,892.30       | Ÿ        | 15.10     | .957       | Y        | 54.27            | Y          | 14.46      |
| XO AND OTHERS                | 0                | 920           |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 50               | 121           |           | 7,031.11        | \$       |           | .126       | ċ        | 140.62           | ċ          | 7.32       |
| -                            | 28               | 53            | •         | 1,869.84        | Ą        | 35.28     | .055       | ş        | 66.78            | Ą          | 1.95       |
| CLINIC                       | 2 o<br>5         | 41            |           | -               |          |           |            |          |                  |            |            |
| SURGICENTER                  |                  |               |           | 1,124.47        |          | 27.43     | .043       |          | 224.89           |            | 1.17       |
| HEROIN DETOX CLINIC          | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| RURAL HEALTH CLINIC          | 18               | 27            |           | 4,036.80        |          | 149.51    | .028       | 550      | 224.27           | _          | 4.20       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICE |               | TURES MON | TH-OF-PAYMENT R | EPORT    | FOR JAN   | 2004 THRU  | DEC      | 2004             | P          | AGE 10,820 |
| MOP024                       | FEE-FOR-SERVICE/ |               |           |                 | TD 00    |           | . 0.5      |          |                  |            | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVI | CES FOR BCCT  | P-FEDERAL | A               | ID CO    | DES UM UN |            |          |                  | <b>C F</b> |            |
| 0.61                         |                  |               |           |                 |          |           |            |          | HLY AVERA        |            |            |
| 961 ELIGIBLES                | USERS            | UNITS OF SERV |           | EXPENDITURES    |          |           | ' UNITS/DA |          |                  |            | COST PER   |
|                              |                  | OR DAYS OF C  |           |                 |          |           | PER ELI    |          | USER             |            | ELIGIBLE   |
| @ALL OTHER PROVIDERS         | 81               | 265           |           | 16,209.03       | \$       | 61.17     | .276       |          | 200.11           |            | 16.87      |
| DURABLE MED. EQUIP.          | 10               | 13            |           | 1,375.53        |          | 105.81    | .014       |          | 137.55           |            | 1.43       |
| BLOOD BANK                   | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| HEARING AID DISPENSERS       | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| MEDICAL TRANSPORTATION       | 19               | 75            |           | 1,692.02        |          | 22.56     | .078       |          | 89.05            |            | 1.76       |
| AMBULANCES/AIR TRANS         | 19               | 75            |           | 1,692.02        |          | 22.56     | .078       |          | 89.05            |            | 1.76       |
| OTHER TRANS                  | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| OTHER SERVICES               | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| ACUPUNCTURE                  | 8                | 18            |           | 324.39          |          | 18.02     | .019       |          | 40.55            |            | .34        |
| ADULT DAY HEALTH CARE CTR    | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
| GENETIC DISEASE TESTING      | 0                | 0             |           | .00             |          | .00       | .000       |          | .00              |            | .00        |
|                              |                  |               |           |                 |          |           |            |          |                  |            |            |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
|--------------------------------|----|-----|----------------|------|------|------|----------|------|------|
| OCCUPATIONAL THERAPIST         | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| OPTICIAN                       | 16 | 42  | 517.15         | 1    | 2.31 | .044 | 32.3     | 2    | .54  |
| PHYSICAL THERAPIST             | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| PORTABLE X-RAY                 | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| PROSTHETIST/ORTHOTISTS         | 24 | 60  | 5,187.46       | 8    | 6.46 | .062 | 216.1    | 4    | 5.40 |
| PROSTHETICS                    | 24 | 60  | 5,187.46       | 8    | 6.46 | .062 | 216.1    | 4    | 5.40 |
| ORTHOTICS                      | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| PSYCHOLOGIST                   | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| SPEECH AND AUDIOLOGY           | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| HOSPICE SERVICES               | 3  | 52  | 7,079.28       | 13   | 6.14 | .054 | 2359.7   | 6    | 7.37 |
| NONINST BIRTHING CENTERS       | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| LOCAL EDUCATION AGENCIES       | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| EPSDT SUPPLEMENTAL SERVICE     | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| RESPIRATORY CARE PRACT.        | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| PED SUBACUTE REHAB/WEANING     | 0  | 0   | .00            |      | .00  | .000 | . 0      | 0    | .00  |
| ALL OTHER PROVIDERS            | 5  | 5   | 33.20          |      | 6.64 | .005 | 6.6      | 4    | .03  |
| @CALIF. CHILDREN SERVICES*     | 0  | 0   | \$<br>.00      | \$   | .00  | .000 | \$ .0    | 0 \$ | .00  |
| @XOVER EXCLUDING STATE HOSP**  | 19 | 274 | \$<br>5,902.23 | \$ 2 | 1.54 | .285 | \$ 310.6 | 4 \$ | 6.14 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SACRAMENTO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,821 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----118 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 97 503.55 \$ 413.94 @TOTAL, ALL PROVIDERS 886 \$ 48,844.79 \$ 55.13 7.508 \$ @PHYSICIANS SERVICES 39 186 13,832.41 \$ 74.37 1.576 \$ 354.68 \$ 117.22 .237 22 28 45.75 OUTPATIENT VISITS 1,006.41 35.94 492.85 .00 273.40 13 35.20 .119 37.91 OFFICE VISITS 14 4.18 .00 .000 68.35 .034 .00 .000 .00 .000 24.02 .085 40.14 .169 .00 .00 HOME VISITS 0 0 .00 EMERGENCY ROOM 68.35 2.32 .00 .00 .00 0 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 0 .00 .00 240.16 802.80 .085 30.02 .169 200.70 OTHER OUTPATIENT 10 2.04 20 40.14 INPATIENT VISITS 40.14 HOSPITAL VISITS 20 802.80 .169 200.70 6.80 CRITICAL CARE .00 .000 .00 0 .00 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 0 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS .000 .00 .00 0 .00 SERVICES AND MATERIALS .00 .000 .00 2,093.30 123.14 1.597.09 532.36 17 INPATIENT HOSPITAL SURGERY .144 1046.65 17.74 .025 1597.09 13.53 PRINCIPAL SURGEON 238.15 238.15 .008 238.15 ASSISTANT SURGEON 258.06 19.85 258.06 ANESTHESIOLOGIST 13 .110 2.19 697.89 575.86 OUTPATIENT SURGERY 11 63.44 .093 139.58 5.91 115.17 115.17 PRINCIPAL SURGEON .042 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 122.03 20.34 .051 122.03 ANESTHESIOLOGIST 1.03 .00 .00 .000 .00 .00 DIALYSIS 13 570.99 PATHOLOGY 43.92 .110 95.17 4.84 .432 7,630.10 51 149.61 847.79 RADIOLOGY 64.66 .000 .00 PSYCHIATRY .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 1                    | 1             |      | 26.00              |      | 26.00   | .008      |     | 26.00  |    | .22        |
|----------------------------|----------------------|---------------|------|--------------------|------|---------|-----------|-----|--------|----|------------|
| OTHER SERVICES/ALL X-OVERS | 11                   | 45            |      | 1,004.92           |      | 22.33   | .381      |     | 91.36  |    | 8.52       |
| @PHARMACY                  | 61                   | 215           | \$   | 17,047.39          | \$   | 79.29   | 1.822     | \$  | 279.47 | \$ | 144.47     |
| PRESCRIPTION DRUGS         | 61                   | 213           |      | 17,042.38          |      | 80.01   | 1.805     |     | 279.38 |    | 144.43     |
| SNF/ICF                    | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| OUTPATIENTS                | 61                   | 213           |      | 17,042.38          |      | 80.01   | 1.805     |     | 279.38 |    | 144.43     |
| MEDICAL SUPPLIES           | 1                    | 2             |      | 5.01               |      | 2.51    | .017      |     | 5.01   |    | .04        |
| @DENTIST                   | 3                    | 7             | \$   | 245.00             | \$   | 35.00   | .059      | \$  | 81.67  | \$ | 2.08       |
| VISITS - DIAGNOSTIC        | 1                    | 2             |      | 30.00              |      | 15.00   | .017      |     | 30.00  |    | .25        |
| ORAL SURGERY               | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| DRUGS                      | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| ANESTHESIA                 | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| PERIODONTICS               | 1                    | 1             |      | .00                |      | .00     | .008      |     | .00    |    | .00        |
| ENDODONTICS                | 1                    | 1             |      | 215.00             |      | 215.00  | .008      |     | 215.00 |    | 1.82       |
| RESTORATIVE DENTISTRY      | 1                    | 3             |      | .00                |      | .00     | .025      |     | .00    |    | .00        |
| PROSTHETICS                | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| DENTURES, STAYPLATES       | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| SPACE MAINTAINERS          | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| ORTHODONTIC SERVICES       | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| ALL OTHER SERVICES         | 0                    | 0             |      | .00                |      | .00     | .000      |     | .00    |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURE | S MC | ONTH-OF-PAYMENT RE | PORT | FOR JAN | 2004 THRU | DEC | 2004   | PA | AGE 10,822 |
|                            |                      |               |      |                    |      |         |           |     |        |    | 00/44/05   |

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

| SACIAMENTO COUNTI            | DOMMANT OF DERV | TCES FOR DC | CII D  | IAIL | ONDI AID     | COD | 25 OK 01 00 |            |    |           |    |          |
|------------------------------|-----------------|-------------|--------|------|--------------|-----|-------------|------------|----|-----------|----|----------|
|                              |                 |             |        |      |              |     |             | MC         |    | HLY AVERA | GΕ |          |
| 118 ELIGIBLES                | USERS           | UNITS OF SE | RVICE  | 1    | EXPENDITURES | Α   | VERAGE COST | UNITS/DAYS | 3  | COST PER  |    | COST PER |
|                              |                 | OR DAYS OF  | ' CARE |      |              | Pl  | ER UNIT/DAY | PER ELIG   |    | USER      |    | ELIGIBLE |
| @OPTOMETRIST                 | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| EYE APPLIANCES               | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| OTHER OPTOMETRIC SERVICES    | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| @CHIROPRACTOR                | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| VISITS                       | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| OTHER SERVICES               | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| @PODIATRIST                  | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| MEDICINE/INJECTIONS          | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| SURGERY/ANES.                | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| RADIO./PATHOLOGY             | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| OTHER                        | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| @HOME HEALTH AGENCY          | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| NURSE ANESTHESIST            | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| NURSE MIDWIFE                | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 0               |             | 0      | \$   | .00          | \$  | .00         | .000       | \$ | .00       | \$ | .00      |
| @TOTAL HOSPITAL              | 13              | 4           | 67     | \$   | 17,479.90    | \$  | 37.43       | 3.958      | \$ | 1344.61   | \$ | 148.13   |
| HOSP INPATIENT TOTAL         | 2               |             | 5      |      | 6,030.00     |     | 1206.00     | .042       |    | 3015.00   |    | 51.10    |
| HSC HOSPITALS                | 2               |             | 5      |      | 6,030.00     |     | 1206.00     | .042       |    | 3015.00   |    | 51.10    |
| NON-HSC HOSPITAL TOTAL       | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| ACCOMMODATIONS               | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| ADMINISTRATIVE DAYS          | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| TRANSITIONAL IP CARE         | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| ALL OTHER ACCOM              | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| ANCILLARIES                  | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| INPATIENT CROSSOVERS         | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
| ALL OTHER INPATIENT          | 0               |             | 0      |      | .00          |     | .00         | .000       |    | .00       |    | .00      |
|                              |                 |             |        |      |              |     |             |            |    |           |    |          |

| HOSP OUTPATIENT TOTAL       | 13                       | 462     |        | 11,449.90           | 24        | .78   | 3.915       | 880.76       | 97.03       |
|-----------------------------|--------------------------|---------|--------|---------------------|-----------|-------|-------------|--------------|-------------|
| MEDICAL                     | 2                        | 16      |        | 734.93              | 45        | .93   | .136        | 367.47       | 6.23        |
| SURGERY                     | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| PATHOLOGY                   | 5                        | 108     |        | 693.09              | 6         | .42   | .915        | 138.62       | 5.87        |
| RADIOLOGY                   | 7                        | 73      |        | 6,349.63            | 86        | .98   | .619        | 907.09       | 53.81       |
| ROOM USE                    | 9                        | 23      |        | 862.31              | 37        | .49   | .195        | 95.81        | 7.31        |
| CROSSOVERS/ALL OTH OUTPINT  | 3                        | 242     |        | 2,809.94            | 11        | .61   | 2.051       | 936.65       | 23.81       |
| @COUNTY HOSPITAL TOTAL      | 0                        | 0       | \$     | .00                 | \$        | .00   | .000        | \$ .00       | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| HSC HOSPITALS               | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| ACCOMMODATIONS              | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| ADMINISTRATIVE DAYS         | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| TRANSITIONAL IP CARE        | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| ALL OTHER ACCOM             | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| ANCILLARIES                 | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| INPATIENT CROSSOVERS        | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| ALL OTHER INPATIENT         | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| MEDICAL                     | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| SURGERY                     | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| PATHOLOGY                   | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| RADIOLOGY                   | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| ROOM USE                    | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| CROSSOVERS/ALL OTH OUTPTNT  | 0                        | 0       |        | .00                 |           | .00   | .000        | .00          | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES AND EX | PENDITU | JRES I | MONTH-OF-PAYMENT RI | EPORT FOR | JAN   | 2004 THRU I | DEC 2004     | PAGE 10,823 |
| MOP024                      | FEE-FOR-SERVICE/DENTAL   |         |        |                     |           |       |             |              | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERVICES FOR  | BCCTP-  | STAT   | E-ONLY AID          | CODES OR  | JO TO | J OV        |              |             |
|                             |                          |         |        |                     |           |       | MC          | ONTHLY AVERA | GE          |

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS 118 ELIGIBLES PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 13 467 \$ 17,479.90 \$ 37.43 3.958 \$ 1344.61 \$ 148.13 1206.00 1206.00 .042 3015.00 COMM HOSP INPATIENT TOTAL 2 5 6,030.00 HSC HOSPITALS 5 6,030.00 .042 3015.00 .00 .00 .00 .000 NON-HSC HOSPITALS TOTAL 00 .U 00 .00 000 .000 .000 .000 ACCOMMODATIONS .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .00 .00 .00 .00 .00 ANCILLARIES .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 .00 .00 .00 ALL OTHER INPATIENT .00 11,449.90 24.78 3.915 880.76 COMM HOSP OUTPATIENT TOTAL 13 462 97.03 45.93 .136 367.47 MEDICAL 734.93 SURGERY 0 .00 .00 .000 .00 .00 108 693.09 6.42 .915 138.62 PATHOLOGY 5.87 73 6,349.63 86.98 .619 907.09 RADIOLOGY 95.81 23 37.49 862.31 .195 7.31 ROOM USE 242 2,809.94 11.61 2.051 936.65 CROSSOVERS/ALL OTH OUTPTNT 23.81 .00 .000 \$ .00 \$ @STATE HOSPITAL 0 .00 \$ MENTALLY ILL .00 .00 .000 .00 .00 0 .00 .00 DEVELOP. DISABLED 0 .00 .000 .00 .00 \$ .00 .000 \$ .00 \$ @NURSING FACILITY .00 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 LEV B-REHAB MD .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00

| LEV B-SUBACUTE HSPTL BASED   | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
|------------------------------|---------------------|----------------|--------------|-------------|-------|-----------|-----------|-------|----------|-----|-----------|
| LEV B-TRANSITIONAL IP CARE   | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| LEV B-REGULAR                | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| @INTERMEDIATE CARE FACILDD   | 0                   | 0              | \$           | .00         | Ś     | .00       | .000      | Ś     |          | Ś   | .00       |
| ICF DDH                      | 0                   | 0              | 7            | .00         | Ÿ     | .00       | .000      | Y     | .00      | Ÿ   | .00       |
| ICF DD                       | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| ICF DDN/DDCN                 | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| @HEMODIALYSIS TOTAL          | 0                   | 0              | \$           | .00         | \$    | .00       | .000      | Ś     |          | Ś   | .00       |
| HOSPITAL BASED               | 0                   | 0              | <del>ب</del> |             | Ą     |           |           | Ş     |          | Ą   |           |
|                              | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| HEMODIALYSIS CENTER          | 0                   | 0              | Ċ            | .00         | Ċ     | .00       | .000      | Ċ     | .00      | Ċ   | .00       |
| @REHABILITATION FACILITY     | U                   | 0              | \$           | .00         | \$    | .00       | .000      | \$    |          | \$  | .00       |
| HOSPITAL BASED               | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| INDEPENDENT FACILITY         | Ü                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| @LABORATORY FACILITY         | 3                   | 7              | \$           | 111.24      | \$    | 15.89     |           | \$    | 37.08    | Ş   | .94       |
| PATHOLOGY                    | 3                   | 7              |              | 111.24      |       | 15.89     | .059      |       | 37.08    |     | .94       |
| XO AND OTHERS                | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| @ORGANIZED OUTPATIENT CLINIC | 0                   | 0              | \$           | .00         | \$    | .00       | .000      | \$    |          | \$  | .00       |
| CLINIC                       | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| SURGICENTER                  | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| HEROIN DETOX CLINIC          | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| RURAL HEALTH CLINIC          | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES A | ND EXPENDITURE | S MONTH-O    | F-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC : | 2004     | PAC | GE 10,824 |
| MOP024                       | FEE-FOR-SERVICE/DEN | TAL            |              |             |       |           |           |       |          |     | 03/14/05  |
| SACRAMENTO COUNTY            | SUMMARY OF SERVICES | FOR BCCTP-ST   | ATE-ONLY     | AID         | CODES | OR OT OU  | 0V        |       |          |     |           |
|                              |                     |                |              |             |       |           | M         | ONTH: | LY AVERA | GE  |           |
| 118 ELIGIBLES                | USERS UNI           | TS OF SERVICE  | EX           | PENDITURES  | AVE:  | RAGE COST | UNITS/DAY | S C   | OST PER  | C   | OST PER   |
|                              | OR                  | DAYS OF CARE   |              |             | PER   | UNIT/DAY  | PER ELIG  |       | USER     | E?  | LIGIBLE   |
| @ALL OTHER PROVIDERS         | 2                   | 4              | \$           | 128.85      | \$    | 32.21     | .034      | \$    | 64.43    | \$  | 1.09      |
| DURABLE MED. EQUIP.          | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| BLOOD BANK                   | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| HEARING AID DISPENSERS       | 0                   | 0              |              | .00         |       | .00       | .000      |       | .00      |     | .00       |
| MEDICAL TRANSPORTATION       | 2                   | 4              |              | 128.85      |       | 32.21     | .034      |       | 64.43    |     | 1.09      |
|                              | 2                   | -              |              | 120.00      |       | 00,21     | • 0 0 1   |       | 01.10    |     |           |

| AMBULANCES/AIR TRANS           | 2 | 4    | 128.85 | 32.21    | .034 | 64.43       | 1.09   |
|--------------------------------|---|------|--------|----------|------|-------------|--------|
| OTHER TRANS                    | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| OTHER SERVICES                 | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| ACUPUNCTURE                    | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| ADULT DAY HEALTH CARE CTR      | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| GENETIC DISEASE TESTING        | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| OCCUPATIONAL THERAPIST         | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| OPTICIAN                       | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| PHYSICAL THERAPIST             | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| PORTABLE X-RAY                 | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| PROSTHETIST/ORTHOTISTS         | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| PROSTHETICS                    | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| ORTHOTICS                      | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| PSYCHOLOGIST                   | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| SPEECH AND AUDIOLOGY           | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| HOSPICE SERVICES               | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| NONINST BIRTHING CENTERS       | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| LOCAL EDUCATION AGENCIES       | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| RESPIRATORY CARE PRACT.        | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| PED SUBACUTE REHAB/WEANING     | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| ALL OTHER PROVIDERS            | 0 | 0    | .00    | .00      | .000 | .00         | .00    |
| @CALIF. CHILDREN SERVICES*     | 0 | 0 \$ | .00    | \$ .00   | .000 | \$ .00 \$   | \$ .00 |
| @XOVER EXCLUDING STATE HOSP**  | 4 | 4 \$ | 50.31  | \$ 12.58 | .034 | \$ 12.58 \$ | 3 .43  |
|                                |   |      |        |          |      |             |        |

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,825 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

| DITCH THINTO COONTI        | DOMINICI OF DEL | WICHD FOR DOCTE TOTAL |                     |              |            |              |            |
|----------------------------|-----------------|-----------------------|---------------------|--------------|------------|--------------|------------|
|                            |                 |                       |                     |              | MON        | NTHLY AVERAG | E          |
| 1,079 ELIGIBLES            | USERS           | UNITS OF SERVICE      | EXPENDITURES        | AVERAGE COST | UNITS/DAYS | COST PER     | COST PER   |
|                            |                 | OR DAYS OF CARE       |                     | PER UNIT/DAY | PER ELIG   | USER         | ELIGIBLE   |
| @TOTAL, ALL PROVIDERS      | 1,346           | 24,065 \$             | 1,548,497.55        | \$ 64.35     | 22.303 \$  | 1150.44      | \$ 1435.12 |
| @PHYSICIANS SERVICES       | 886             | 12,661 \$             | 589 <b>,</b> 703.65 | \$ 46.58     | 11.734 \$  | 665.58       | \$ 546.53  |
| OUTPATIENT VISITS          | 587             | 934                   | 30,368.25           | 32.51        | .866       | 51.73        | 28.14      |
| OFFICE VISITS              | 445             | 711                   | 22,354.61           | 31.44        | .659       | 50.24        | 20.72      |
| HOME VISITS                | 0               | 0                     | .00                 | .00          | .000       | .00          | .00        |
| EMERGENCY ROOM             | 51              | 56                    | 3,982.76            | 71.12        | .052       | 78.09        | 3.69       |
| PREVENTIVE CARE            | 0               | 0                     | .00                 | .00          | .000       | .00          | .00        |
| OB VISITS/COMPRE PERI      | 3               | 8                     | 67.28               | 8.41         | .007       | 22.43        | .06        |
| OTHER OUTPATIENT           | 123             | 159                   | 3,963.60            | 24.93        | .147       | 32.22        | 3.67       |
| INPATIENT VISITS           | 48              | 216                   | 9,880.17            | 45.74        | .200       | 205.84       | 9.16       |
| HOSPITAL VISITS            | 47              | 209                   | 8,953.25            | 42.84        | .194       | 190.49       | 8.30       |
| CRITICAL CARE              | 3               | 7                     | 926.92              | 132.42       | .006       | 308.97       | .86        |
| SNF/ICF/TRANS IP CARE      | 0               | 0                     | .00                 | .00          | .000       | .00          | .00        |
| OPHTHALMOLOGICAL SERVICES  | 6               | 7                     | 267.40              | 38.20        | .006       | 44.57        | .25        |
| EXAMINATIONS               | 6               | 7                     | 267.40              | 38.20        | .006       | 44.57        | .25        |
| SERVICES AND MATERIALS     | 0               | 0                     | .00                 | .00          | .000       | .00          | .00        |
| INPATIENT HOSPITAL SURGERY | 63              | 339                   | 23 <b>,</b> 956.77  | 70.67        | .314       | 380.27       | 22.20      |
| PRINCIPAL SURGEON          | 40              | 48                    | 17 <b>,</b> 259.79  | 359.58       | .044       | 431.49       | 16.00      |
| ASSISTANT SURGEON          | 4               | 4                     | 618.26              | 154.57       | .004       | 154.57       | .57        |
| ANESTHESIOLOGIST           | 28              | 287                   | 6 <b>,</b> 078.72   | 21.18        | .266       | 217.10       | 5.63       |
| OUTPATIENT SURGERY         | 95              | 395                   | 19,997.31           | 50.63        | .366       | 210.50       | 18.53      |
| PRINCIPAL SURGEON          | 72              | 110                   | 15,696.30           | 142.69       | .102       | 218.00       | 14.55      |
|                            |                 |                       |                     |              |            |              |            |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON          | 2                     | 2             |     | 334.70              |      | 167.35  | .002      |     | 167.35  |     | .31        |
|----------------------------|-----------------------|---------------|-----|---------------------|------|---------|-----------|-----|---------|-----|------------|
| ANESTHESIOLOGIST           | 30                    | 283           |     | 3,966.31            |      | 14.02   | .262      |     | 132.21  |     | 3.68       |
| DIALYSIS                   | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| PATHOLOGY                  | 227                   | 1,272         |     | 16,851.04           |      | 13.25   | 1.179     |     | 74.23   |     | 15.62      |
| RADIOLOGY                  | 362                   | 1,496         |     | 132,762.49          |      | 88.74   | 1.386     |     | 366.75  |     | 123.04     |
| PSYCHIATRY                 | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| IMMUNIZATION AND INJECTION | 93                    | 6,731         |     | 333,204.62          |      | 49.50   | 6.238     |     | 3582.85 |     | 308.81     |
| OTHER SERVICES/ALL X-OVERS | 217                   | 1,271         |     | 22,415.60           |      | 17.64   | 1.178     |     | 103.30  |     | 20.77      |
| @PHARMACY                  | 833                   | 2,574         | \$  | 239,448.56          | \$   | 93.03   | 2.386     | \$  | 287.45  | \$  | 221.92     |
| PRESCRIPTION DRUGS         | 828                   | 2,529         |     | 238,520.79          |      | 94.31   | 2.344     |     | 288.07  |     | 221.06     |
| SNF/ICF                    | 2                     | 19            |     | 883.95              |      | 46.52   | .018      |     | 441.98  |     | .82        |
| OUTPATIENTS                | 827                   | 2,510         |     | 237,636.84          |      | 94.68   | 2.326     |     | 287.35  |     | 220.24     |
| MEDICAL SUPPLIES           | 18                    | 45            |     | 927.77              |      | 20.62   | .042      |     | 51.54   |     | .86        |
| @DENTIST                   | 62                    | 270           | \$  | 10,935.00           | \$   | 40.50   | .250      | \$  | 176.37  | \$  | 10.13      |
| VISITS - DIAGNOSTIC        | 41                    | 150           |     | 2,368.00            |      | 15.79   | .139      |     | 57.76   |     | 2.19       |
| ORAL SURGERY               | 13                    | 25            |     | 1,310.00            |      | 52.40   | .023      |     | 100.77  |     | 1.21       |
| DRUGS                      | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| ANESTHESIA                 | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| PERIODONTICS               | 4                     | 4             |     | 295.00              |      | 73.75   | .004      |     | 73.75   |     | .27        |
| ENDODONTICS                | 7                     | 9             |     | 1,540.00            |      | 171.11  | .008      |     | 220.00  |     | 1.43       |
| RESTORATIVE DENTISTRY      | 27                    | 60            |     | 4,187.00            |      | 69.78   | .056      |     | 155.07  |     | 3.88       |
| PROSTHETICS                | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| DENTURES, STAYPLATES       | 5                     | 22            |     | 1,235.00            |      | 56.14   | .020      |     | 247.00  |     | 1.14       |
| SPACE MAINTAINERS          | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| MAXILLOFACIAL SERVICES     | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| FRACTURES, DISLOCATIONS    | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| ORTHODONTIC SERVICES       | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| ALL OTHER SERVICES         | 0                     | 0             |     | .00                 |      | .00     | .000      |     | .00     |     | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | ) EXPENDITURE | S M | IONTH-OF-PAYMENT RE | PORT | FOR JAN | 2004 THRU | DEC | 2004    | P.F | AGE 10,826 |
| MODO 2 4                   | FFF_FOD_CFDUTCF/DEMTA | т             |     |                     |      |         |           |     |         |     | 02/11/05   |

FCALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,826
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

| DICIGINALIVIO COOMII         | DOINGING OF DELL | VICED FOR DCC | TT T | OILI |              |    |            |           |     |           |    |          |
|------------------------------|------------------|---------------|------|------|--------------|----|------------|-----------|-----|-----------|----|----------|
|                              |                  |               |      |      |              |    |            | M         | INC | HLY AVERA | GE |          |
| 1,079 ELIGIBLES              | USERS            | UNITS OF SER  | VICE |      | EXPENDITURES | AV | ERAGE COST | UNITS/DAY | S   | COST PER  |    | COST PER |
|                              |                  | OR DAYS OF    | CARE |      |              | PΕ | R UNIT/DAY | PER ELIG  |     | USER      |    | ELIGIBLE |
| @OPTOMETRIST                 | 24               | 6             | 8    | \$   | 1,408.12     | \$ | 20.71      | .063      | \$  | 58.67     | \$ | 1.31     |
| DIAGNOSTIC AND ANC. PROCED   | 16               | 1             | 7    |      | 621.47       |    | 36.56      | .016      |     | 38.84     |    | .58      |
| EYE APPLIANCES               | 19               | 5             | 1    |      | 786.65       |    | 15.42      | .047      |     | 41.40     |    | .73      |
| OTHER OPTOMETRIC SERVICES    | 0                |               | 0    |      | .00          |    | .00        | .000      |     | .00       |    | .00      |
| @CHIROPRACTOR                | 0                |               | 0    | \$   | .00          | \$ | .00        | .000      | \$  | .00       | \$ | .00      |
| VISITS                       | 0                |               | 0    |      | .00          |    | .00        | .000      |     | .00       |    | .00      |
| OTHER SERVICES               | 0                |               | 0    |      | .00          |    | .00        | .000      |     | .00       |    | .00      |
| @PODIATRIST                  | 7                | 1             | 0    | \$   | 463.90       | \$ | 46.39      | .009      | \$  | 66.27     | \$ | .43      |
| MEDICINE/INJECTIONS          | 7                |               | 7    |      | 267.60       |    | 38.23      | .006      |     | 38.23     |    | .25      |
| SURGERY/ANES.                | 1                |               | 1    |      | 11.00        |    | 11.00      | .001      |     | 11.00     |    | .01      |
| RADIO./PATHOLOGY             | 1                |               | 1    |      | 17.30        |    | 17.30      | .001      |     | 17.30     |    | .02      |
| OTHER                        | 1                |               | 1    |      | 168.00       |    | 168.00     | .001      |     | 168.00    |    | .16      |
| @HOME HEALTH AGENCY          | 5                | 1             | 1    | \$   | 683.25       | \$ | 62.11      | .010      | \$  | 136.65    | \$ | .63      |
| NURSE ANESTHESIST            | 0                |               | 0    | \$   | .00          | \$ | .00        | .000      | \$  | .00       | \$ | .00      |
| NURSE MIDWIFE                | 0                |               | 0    | \$   | .00          | \$ | .00        | .000      | \$  | .00       | \$ | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0                |               | 0    | \$   | .00          | \$ | .00        | .000      | \$  | .00       | \$ | .00      |
| FAMILY NURSE PRACTITIONER    | 0                |               | 0    | \$   | .00          | \$ | .00        | .000      | \$  | .00       | \$ | .00      |
| @TOTAL HOSPITAL              | 444              | 7,13          | 1    | \$   | 666,215.09   | \$ | 93.43      | 6.609     | \$  | 1500.48   | \$ | 617.44   |
| HOSP INPATIENT TOTAL         | 61               | 24            | 3    |      | 301,234.32   |    | 1239.65    | .225      |     | 4938.27   |    | 279.18   |
| HSC HOSPITALS                | 60               | 23            | 4    |      | 297,034.00   |    | 1269.38    | .217      |     | 4950.57   |    | 275.29   |
| NON-HSC HOSPITAL TOTAL       | 2                |               | 9    |      | 3,324.32     |    | 369.37     | .008      |     | 1662.16   |    | 3.08     |
| ACCOMMODATIONS               | 2                |               | 9    |      | 1,848.10     |    | 205.34     | .008      |     | 924.05    |    | 1.71     |

| ADMINISTRATIVE DAYS                          | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
|--|--------------------------------------|---|---|---|--|---|---|--|
| TRANSITIONAL IP CARE                         | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| ALL OTHER ACCOM                              | 2                                    | 9   | 1,848.10  | 205.34  | .008   | 924.05  | 1.71  |  |
| ANCILLARIES                                  | 2                                    | 0   | 1,476.22  | .00   | .000   | 738.11  | 1.37  |  |
| INPATIENT CROSSOVERS                         | 1                                    | 0   | 876.00  | .00   | .000   | 876.00  | .81   |  |
| ALL OTHER INPATIENT                          | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
|  |                                      | -   |   |   |  |   |   |  |
| HOSP OUTPATIENT TOTAL                        | 406                                  | 6,888                                     | 364,980.77  | 52.99   | 6.384  | 898.97  | 338.26  |  |
| MEDICAL                                      | 91                                   | 178                                       | 8,457.81  | 47.52   | .165   | 92.94   | 7.84  |  |
| SURGERY                                      | 46                                   | 58  | 2,911.78  | 50.20   | .054   | 63.30   | 2.70  |  |
| PATHOLOGY                                    | 216                                  | 1 <b>,</b> 692                            | 11 <b>,</b> 508.76  | 6.80  | 1.568  | 53.28   | 10.67   |  |
| RADIOLOGY                                    | 124                                  | 447                                       | 42,002.47   | 93.97   | .414   | 338.73  | 38.93   |  |
| ROOM USE                                     | 270                                  | 585                                       | 24,366.67   | 41.65   | .542   | 90.25   | 22.58   |  |
| CROSSOVERS/ALL OTH OUTPTNT                   | 160                                  | 3,928                                     | 275,733.28  | 70.20   | 3.640  | 1723.33   | 255.55  |  |
| @COUNTY HOSPITAL TOTAL                       | 14                                   | 161 \$                                    | 8,515.57  | \$ 52.89  | .149 \$  | 608.26  | \$ 7.89   |  |
| CO HOSPITAL INPATIENT TOTAL                  |                                      | 4   | 4,400.00  | 1100.00   | .004   | 4400.00   | 4.08  |  |
| HSC HOSPITALS                                | 1                                    | 4   | 4,400.00  | 1100.00   | .004   | 4400.00   | 4.08  |  |
| NON-HSC HOSPITALS TOTAL                      | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| ACCOMMODATIONS                               | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
|  | 0                                    | 0   |   |   |  |   |   |  |
| ADMINISTRATIVE DAYS                          | U                                    |   | .00   | .00   | .000   | .00   | .00   |  |
| TRANSITIONAL IP CARE                         | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| ALL OTHER ACCOM                              | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| ANCILLARIES                                  | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| INPATIENT CROSSOVERS                         | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| ALL OTHER INPATIENT                          | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| CO HOSP OUTPATIENT TOTAL                     | 13                                   | 157                                       | 4,115.57  | 26.21   | .146   | 316.58  | 3.81  |  |
| MEDICAL                                      | 7                                    | 23  | 911.44  | 39.63   | .021   | 130.21  | .84   |  |
| SURGERY                                      | 1                                    | 1   | 126.12  | 126.12  | .001   | 126.12  | .12   |  |
| PATHOLOGY                                    | 8                                    | 33  | 372.47  | 11.29   | .031   | 46.56   | .35   |  |
| RADIOLOGY                                    | 4                                    | 6   | 406.55  | 67.76   | .006   | 101.64  | .38   |  |
|  | 11                                   | 23  |   | 45.49   | .021   | 95.11   | .97   |  |
| ROOM USE                                     |                                      | 23<br>71                                  | 1,046.23  |   |  |   |   |  |
| CROSSOVERS/ALL OTH OUTPINT                   |                                      | · <del>-</del>                            | 1,252.76  | 17.64   | .066   | 139.20  | 1.16  |  |
| #CALIF DEPT OF HEALTH SERV                   |                                      | CES AND EXPENDITURES MOD                  | NTH-OF-PAYMENT RE   | EPORT FOR JAN 2                                   | 2004 THRU DE                                   | C 2004  | PAGE 10,827                                       |  |
| MOP024                                       | FEE-FOR-SERVICE                      |   |   |   |  |   | 03/14/05  |  |
| SACRAMENTO COUNTY                            | SUMMARY OF SERV                      | ICES FOR BCCTP-TOTAL                      |   |   |  |   |   |  |
|  |                                      |   |   |   | MON  |   |   |  |
| 1,079 ELIGIBLES                              | USERS                                | UNITS OF SERVICE                          | EXPENDITURES  | AVERAGE COST                                      | UNITS/DAYS                                     | COST PER  | COST PER  |  |
|  |                                      | OR DAYS OF CARE                           |   | PER UNIT/DAY                                      |  | USER  | ELIGIBLE  |  |
| @COMMUNITY HOSPITAL TOTAL                    | 434                                  | 6 <b>,</b> 970 \$                         | 657,699.52  | \$ 94.36  | 6.460 \$                                       | 1515.44   | \$ 609.55   |  |
| COMM HOSP INPATIENT TOTAL                    | 60                                   | 239                                       | 296,834.32  | 1241.98   | .222   | 4947.24   | 275.10  |  |
| HSC HOSPITALS                                | 59                                   | 230                                       | 292,634.00  | 1272.32   | .213   | 4959.90   | 271.21  |  |
| NON-HSC HOSPITALS TOTAL                      | 2                                    | 9   | 3,324.32  | 369.37  | .008   | 1662.16   | 3.08  |  |
| ACCOMMODATIONS                               | 2                                    | 9   | 1,848.10  | 205.34  | .008   | 924.05  | 1.71  |  |
| ADMINISTRATIVE DAYS                          | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
| TRANSITIONAL IP CARE                         | 0                                    | 0   | .00   | .00   | .000   | .00   | .00   |  |
|  | 0                                    | 9   |   |   |  |   |   |  |
| ALL OTHER ACCOM                              | 2                                    | 0   | 1,848.10  | 205.34  | .008   | 924.05  | 1.71  |  |
| ANCILLARIES                                  |                                      |   | 1,476.22  | .00   | .000   | 738.11  | 1.37  |  |
| INPATIENT CROSSOVERS                         | 1                                    | 0   | 876.00  | .00   | .000   | 876.00  | .81   |  |
| ALL OTHER INPATIENT                          |                                      |   | .00   |   | .000   | .00   | .00   |  |
|  | 0                                    | 0   |   | .00   |  |   |   |  |
| COMM HOSP OUTPATIENT TOTAL                   | 397                                  | 6,731                                     | 360,865.20  | 53.61   | 6.238  | 908.98  | 334.44  |  |
| COMM HOSP OUTPATIENT TOTAL MEDICAL           |                                      |   | 360,865.20<br>7,546.37  |   |  |   | 6.99  |  |
|  | 397                                  | 6,731                                     | 360,865.20  | 53.61   | 6.238  | 908.98  |   |  |
| MEDICAL                                      | 397<br>85                            | 6,731<br>155<br>57                        | 360,865.20<br>7,546.37<br>2,785.66  | 53.61<br>48.69                                    | 6.238<br>.144                                  | 908.98<br>88.78   | 6.99  |  |
| MEDICAL<br>SURGERY<br>PATHOLOGY              | 397<br>85<br>45                      | 6,731<br>155<br>57<br>1,659               | 360,865.20<br>7,546.37<br>2,785.66<br>11,136.29                           | 53.61<br>48.69<br>48.87<br>6.71                   | 6.238<br>.144<br>.053<br>1.538                 | 908.98<br>88.78<br>61.90<br>53.03                               | 6.99<br>2.58<br>10.32                             |  |
| MEDICAL<br>SURGERY<br>PATHOLOGY<br>RADIOLOGY | 397<br>85<br>45<br>210<br>121        | 6,731<br>155<br>57<br>1,659<br>441        | 360,865.20<br>7,546.37<br>2,785.66<br>11,136.29<br>41,595.92              | 53.61<br>48.69<br>48.87<br>6.71<br>94.32          | 6.238<br>.144<br>.053<br>1.538<br>.409         | 908.98<br>88.78<br>61.90<br>53.03<br>343.77                     | 6.99<br>2.58<br>10.32<br>38.55                    |  |
| MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE | 397<br>85<br>45<br>210<br>121<br>260 | 6,731<br>155<br>57<br>1,659<br>441<br>562 | 360,865.20<br>7,546.37<br>2,785.66<br>11,136.29<br>41,595.92<br>23,320.44 | 53.61<br>48.69<br>48.87<br>6.71<br>94.32<br>41.50 | 6.238<br>.144<br>.053<br>1.538<br>.409<br>.521 | 908.98<br>88.78<br>61.90<br>53.03<br>343.77<br>89.69            | 6.99<br>2.58<br>10.32<br>38.55<br>21.61           |  |
| MEDICAL<br>SURGERY<br>PATHOLOGY<br>RADIOLOGY | 397<br>85<br>45<br>210<br>121        | 6,731<br>155<br>57<br>1,659<br>441        | 360,865.20<br>7,546.37<br>2,785.66<br>11,136.29<br>41,595.92              | 53.61<br>48.69<br>48.87<br>6.71<br>94.32          | 6.238<br>.144<br>.053<br>1.538<br>.409         | 908.98<br>88.78<br>61.90<br>53.03<br>343.77<br>89.69<br>1817.75 | 6.99<br>2.58<br>10.32<br>38.55<br>21.61<br>254.38 |  |

| MENTALLY ILL   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
|--|---|-------------------|--|---------|--|---------|---|--|-----|--|--------|--|
| DEVELOP. DISABLED  | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| @NURSING FACILITY  | 2   |                   | 6  | \$      | 1,895.64   | \$      | 315.94  | .006   | \$  | 947.82   | \$     | 1.76   |
| LEV A-INTERMEDIATE   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| LEV B-REHAB MD   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| LEV B-SUBACUTE FREESTANDING  | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| LEV B-SUBACUTE HSPTL BASED   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| LEV B-TRANSITIONAL IP CARE   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| LEV B-REGULAR  | 2   |                   | 6  |         | 1,895.64   |         | 315.94  | .006   |     | 947.82   |        | 1.76   |
| @INTERMEDIATE CARE FACILDD   | 0   |                   | 0  | \$      | .00  | \$      | .00   | .000   | \$  | .00  | \$     | .00  |
| ICF DDH  | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| ICF DD   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| ICF DDN/DDCN   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| @HEMODIALYSIS TOTAL  | 0   |                   | 0  | \$      | .00  | \$      | .00   | .000   | \$  | .00  | \$     | .00  |
| HOSPITAL BASED   | 0   |                   | Ö  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| HEMODIALYSIS CENTER  | 0   |                   | Ö  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| @REHABILITATION FACILITY   | 3   |                   | 17   | \$      | 371.81   | \$      | 21.87   | .016   | Ś   | 123.94   | Ś      | .34  |
| HOSPITAL BASED   | 3   |                   | 17   | 7       | 371.81   | 7       | 21.87   | .016   | 7   | 123.94   | т.     | .34  |
| INDEPENDENT FACILITY   | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| @LABORATORY FACILITY   | 259   |                   | 927  | \$      | 14,003.54  | \$      | 15.11   | .859   | Ś   | 54.07  | Ś      | 12.98  |
| PATHOLOGY  | 259   |                   | 927  | 7       | 14,003.54  | -       | 15.11   | .859   | 7   | 54.07  | т.     | 12.98  |
| XO AND OTHERS  | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| @ORGANIZED OUTPATIENT CLINIC   | 50  |                   | 121  | \$      | 7,031.11   | \$      | 58.11   | .112   | Ś   | 140.62   | Ś      | 6.52   |
| CLINIC   | 28  |                   | 53   | Ψ       | 1,869.84   | Ψ.      | 35.28   | .049   | т   | 66.78  | Τ      | 1.73   |
| SURGICENTER  | 5   |                   | 41   |         | 1,124.47   |         | 27.43   | .038   |     | 224.89   |        | 1.04   |
| HEROIN DETOX CLINIC  | 0   |                   | 0  |         | .00  |         | .00   | .000   |     | .00  |        | .00  |
| RURAL HEALTH CLINIC  | 18  |                   | 27   |         | 4,036.80   |         | 149.51  | .025   |     | 224.27   |        | 3.74   |
| #CALIF DEPT OF HEALTH SERV   |   | ES AND EXP        |  | DEC M   | ONTH-OF-PAYMENT R  | FPART   |   |  | DEC |  | ÞΙ     | GE 10,828  |
| MOP024   | FEE-FOR-SERVICE                               |                   | DINDIIO  | IVEO II | ONIII OF TATELLI IN  | .1.01.1 | I FOR OAN   | 2004 11110   | טטכ | 2004   | 1.7    | 03/14/05   |
| NOI 024  | FEE FOR SERVICE                               | / DENIAL          | DCCTD_   | тотат   |  |         |   |  |     |  |        | 03/14/03   |
| SACRAMENTO COUNTY  | SUMMARY OF SERV                               | TCES FOR          |  |         |  |         |   |  |     |  |        |  |
| SACRAMENTO COUNTY  | SUMMARY OF SERV                               | ICES FOR          | DCCIF-   | IOIAL   |  |         |   | M  | ONT | HLY AVERA  | GE -   |  |
|  | SUMMARY OF SERV                               | ICES FOR UNITS OF |  |         | EXPENDITURES   | AVE     | ERAGE COST  |  |     | HLY AVERA  |        | COST PER   |
| SACRAMENTO COUNTY  1,079 ELIGIBLES   |   | UNITS OF          | SERVIC   | E       |  |         | ERAGE COST<br>R UNIT/DAY  | UNITS/DAY  | S   | COST PER   |        | COST PER   |
| 1,079 ELIGIBLES  |   |                   | SERVIC   | E       | EXPENDITURES   | PEF     | R UNIT/DAY  | UNITS/DAY<br>PER ELIG  | S   | COST PER<br>USER   | C<br>E |  |
| 1,079 ELIGIBLES @ALL OTHER PROVIDERS   | USERS<br>83                                   | UNITS OF          | SERVIC<br>OF CAR<br>269  | E<br>E  | EXPENDITURES 16,337.88   |         | R UNIT/DAY 60.74  | UNITS/DAY<br>PER ELIG<br>.249  | S   | COST PER<br>USER<br>196.84   | C<br>E | COST PER<br>CLIGIBLE<br>15.14  |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.  | USERS   | UNITS OF          | SERVIC<br>OF CAR   | E<br>E  | EXPENDITURES<br>16,337.88<br>1,375.53  | PEF     | R UNIT/DAY<br>60.74<br>105.81   | UNITS/DAY<br>PER ELIG<br>.249<br>.012  | S   | COST PER<br>USER<br>196.84<br>137.55   | C<br>E | COST PER<br>CLIGIBLE<br>15.14<br>1.27  |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK   | USERS<br>83<br>10                             | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13  | E<br>E  | EXPENDITURES<br>16,337.88<br>1,375.53  | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00  | UNITS/DAY PER ELIG .249 .012 .000  | S   | COST PER<br>USER<br>196.84<br>137.55<br>.00  | C<br>E | COST PER<br>ELIGIBLE<br>15.14<br>1.27<br>.00   |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS  | USERS<br>83<br>10<br>0                        | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0   | E<br>E  | EXPENDITURES<br>16,337.88<br>1,375.53<br>.00   | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00  | UNITS/DAY PER ELIG .249 .012 .000 .000   | S   | COST PER<br>USER<br>196.84<br>137.55<br>.00  | C<br>E | COST PER<br>GLIGIBLE<br>15.14<br>1.27<br>.00   |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION   | USERS<br>83<br>10<br>0<br>0                   | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0  | E<br>E  | EXPENDITURES  16,337.88  1,375.53  .00  .00  1,820.87  | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00<br>.00<br>23.05  | UNITS/DAY<br>PER ELIG<br>.249<br>.012<br>.000<br>.000                                    | S   | USER<br>196.84<br>137.55<br>.00<br>.00<br>86.71  | C<br>E | COST PER<br>CLIGIBLE<br>15.14<br>1.27<br>.00<br>.00<br>1.69                            |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS  | USERS<br>83<br>10<br>0                        | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79  | E<br>E  | EXPENDITURES  16,337.88  1,375.53  .00  .00  1,820.87  1,820.87  | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00<br>.00<br>23.05<br>23.05   | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073   | S   | COST PER<br>USER<br>196.84<br>137.55<br>.00<br>.00<br>86.71<br>86.71                               | C<br>E | COST PER<br>CLIGIBLE<br>15.14<br>1.27<br>.00<br>.00<br>1.69<br>1.69                    |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS  | USERS  83 10 0 21 21                          | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79                                      | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00   | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00<br>.00<br>23.05<br>23.05   | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000                                    | S   | COST PER<br>USER<br>196.84<br>137.55<br>.00<br>.00<br>86.71<br>86.71                               | C<br>E | COST PER<br>CLIGIBLE<br>15.14<br>1.27<br>.00<br>.00<br>1.69<br>1.69                    |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES   | USERS  83 10 0 21 21 0 0                      | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0                                 | E<br>E  | 16,337.88<br>1,375.53<br>.00<br>.00<br>1,820.87<br>1,820.87<br>.00   | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00<br>.00<br>23.05<br>23.05<br>.00<br>.00                               | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000                               | S   | COST PER<br>USER<br>196.84<br>137.55<br>.00<br>.00<br>86.71<br>86.71<br>.00<br>.00                 | C<br>E | COST PER<br>CLIGIBLE<br>15.14<br>1.27<br>.00<br>.00<br>1.69<br>1.69<br>.00             |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE   | USERS  83 10 0 21 21 21 0 8                   | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0<br>0                            | E<br>E  | EXPENDITURES  16,337.88     1,375.53   | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00<br>.00<br>23.05<br>23.05<br>.00<br>.00<br>18.02                      | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017                          | S   | COST PER<br>USER<br>196.84<br>137.55<br>.00<br>.00<br>86.71<br>86.71<br>.00<br>.00<br>40.55        | C<br>E | COST PER<br>CLIGIBLE<br>15.14<br>1.27<br>.00<br>.00<br>1.69<br>1.69<br>.00<br>.00      |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR   | USERS  83 10 0 21 21 0 0 8 0                  | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0<br>0                            | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00                                    | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00   | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000                     | S   | COST PER<br>USER<br>196.84<br>137.55<br>.00<br>.00<br>86.71<br>86.71<br>.00<br>.00<br>40.55<br>.00 | C<br>E | COST PER<br>CLIGIBLE<br>15.14<br>1.27<br>.00<br>.00<br>1.69<br>1.69<br>.00<br>.00      |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING   | USERS  83 10 0 21 21 0 0 8 0 0                | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0<br>0<br>18<br>0                 | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00                                | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00 .00   | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000 .000                | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 40.55 .00 .00                              | C<br>E | COST PER CLIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .00 .00 .00 .00                 |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP  | USERS  83 10 0 0 21 21 0 0 8 0 0 0            | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0<br>0<br>18<br>0<br>0            | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00 .00                            | PEF     | R UNIT/DAY<br>60.74<br>105.81<br>.00<br>.00<br>23.05<br>23.05<br>.00<br>.00<br>18.02<br>.00<br>.00<br>.00 | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000 .000 .000           | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 40.55 .00 .00 .00                          | C<br>E | COST PER CLIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .00 .00 .00 .00                 |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST   | USERS  83 10 0 0 21 21 0 0 8 0 0 0 0 0        | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0<br>0<br>18<br>0<br>0            | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00 .00 .00                        | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00 .00 .00 .00                                 | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .0017 .000 .000 .000               | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 40.55 .00 .00 .00 .00                      | C<br>E | COST PER ELIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .30 .00 .00 .00 .00 .00 .00 .00 |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN  | USERS  83 10 0 0 21 21 21 0 0 0 8 0 0 0 16    | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0<br>0<br>18<br>0<br>0<br>0       | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0 | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00 .00 .00 .00 .00 .00 .00 .00                 | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000 .000 .000 .000 .000 | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 40.55 .00 .00 .00 .00 .00 .32.32           | C<br>E | COST PER ELIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0  |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST                                   | USERS  83 10 0 0 21 21 21 0 0 0 8 0 0 16      | UNITS OF          | SERVIC<br>OF CAR<br>269<br>13<br>0<br>0<br>79<br>79<br>0<br>0<br>18<br>0<br>0<br>0<br>42 | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00 .00 .517.15 .00                | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00 .00 .00 .00 .00 .00 .00 .00 .00             | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000 .000 .000 .000 .000 | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 40.55 .00 .00 .00 .00 .00 .00 .00 .00 .00  | C<br>E | COST PER CLIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .00 .00 .00 .00 .00 .00         |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY                        | USERS  83 10 0 0 21 21 21 0 0 8 0 0 16 0 0    | UNITS OF          | SERVIC OF CAR 269 13 0 79 79 0 18 0 0 42 0 0   | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00 .00 .517.15 .00 .00            | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00 .00 .00 .00 .00 .00 .00 .00 .00             | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000 .000 .000 .000 .000 | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0             | C<br>E | COST PER CLIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0  |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS | USERS  83 10 0 0 21 21 21 0 0 8 0 0 16 0 0 24 | UNITS OF          | SERVIC OF CAR 269 13 0 79 79 0 18 0 0 42 0 0 60  | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00 .00 517.15 .00 .00 5,187.46    | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00 .00 .00 .00 .00 .00 .00 .00 .00             | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000 .000 .000 .000 .000 | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 40.55 .00 .00 .00 .00 .00 .216.14          | C<br>E | COST PER CLIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0  |
| 1,079 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY                        | USERS  83 10 0 0 21 21 21 0 0 8 0 0 16 0 0    | UNITS OF          | SERVIC OF CAR 269 13 0 79 79 0 18 0 0 42 0 0   | E<br>E  | EXPENDITURES  16,337.88 1,375.53 .00 .00 1,820.87 1,820.87 .00 .00 324.39 .00 .00 .00 .517.15 .00 .00            | PEF     | R UNIT/DAY 60.74 105.81 .00 .00 23.05 23.05 .00 .00 18.02 .00 .00 .00 .00 .00 .00 .00 .00 .00             | UNITS/DAY PER ELIG .249 .012 .000 .000 .073 .073 .000 .000 .017 .000 .000 .000 .000 .000 | S   | COST PER USER 196.84 137.55 .00 .00 86.71 86.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0             | C<br>E | COST PER CLIGIBLE 15.14 1.27 .00 .00 1.69 1.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0  |

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PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

| LOCAL EDUCATION AGENCIES            | 0  | 0           |          | .00      | .00         | .000 | .00          | .00        |
|-------------------------------------|----|-------------|----------|----------|-------------|------|--------------|------------|
| EPSDT SUPPLEMENTAL SERVICE          | 0  | 0           |          | .00      | .00         | .000 | .00          | .00        |
| RESPIRATORY CARE PRACT.             | 0  | 0           |          | .00      | .00         | .000 | .00          | .00        |
| PED SUBACUTE REHAB/WEANING          | 0  | 0           |          | .00      | .00         | .000 | .00          | .00        |
| ALL OTHER PROVIDERS                 | 5  | 5           |          | 33.20    | 6.64        | .005 | 6.64         | .03        |
| @CALIF. CHILDREN SERVICES*          | Ō  | 0           | \$       | .00      | \$<br>.00   | .000 | \$<br>.00    | \$<br>.00  |
| @XOVER EXCLUDING STATE HOSP**       | 23 | 278         | \$       | 5,952.54 | \$<br>21.41 | .258 | \$<br>258.81 | \$<br>5.52 |
| Q+ MOMATO THE MURCE TIMES AND CIVEN |    | TNEODMARTON | THEM ONT |          |             |      |              |            |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,829
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

| SACRAMENTO COUNTI         | SUMMARI OF SER | VICES FOR QR | 16 - O | IN TO I |              | AID CODE     | 80         |              |      |          |
|---------------------------|----------------|--------------|--------|---------|--------------|--------------|------------|--------------|------|----------|
|                           |                |              |        |         |              |              | MC         | ONTHLY AVERA | GE · |          |
| 1,243 ELIGIBLES           | USERS          | UNITS OF SE  | ERVICE | 1       | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER     | (    | COST PER |
|                           |                | OR DAYS OF   | CARE   | 1       |              | PER UNIT/DAY | PER ELIG   | USER         | ]    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 57             | 1            | 11     | \$      | 8,203.61     | \$ 73.91     | .089       | \$ 143.92    | \$   | 6.60     |
| @PHYSICIANS SERVICES      | 27             |              | 38     | \$      | 593.46       | \$ 15.62     | .031       | \$ 21.98     | \$   | .48      |
| OUTPATIENT VISITS         | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| OFFICE VISITS             | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| HOME VISITS               | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| EMERGENCY ROOM            | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| PREVENTIVE CARE           | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| OB VISITS/COMPRE PERI     | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| OTHER OUTPATIENT          | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| INPATIENT VISITS          | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| HOSPITAL VISITS           | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| CRITICAL CARE             | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| SNF/ICF/TRANS IP CARE     | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| OPHTHALMOLOGICAL SERVICES | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| EXAMINATIONS              | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |
| SERVICES AND MATERIALS    | 0              |              | 0      |         | .00          | .00          | .000       | .00          |      | .00      |

| INPATIENT HOSPITAL SURGERY | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
|----------------------------|-------------------------|--------------|---------------------|------------------|-----------|--------------|-------------|
| PRINCIPAL SURGEON          | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ASSISTANT SURGEON          | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ANESTHESIOLOGIST           | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| OUTPATIENT SURGERY         | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| PRINCIPAL SURGEON          | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ASSISTANT SURGEON          | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ANESTHESIOLOGIST           | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| DIALYSIS                   | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| PATHOLOGY                  | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| RADIOLOGY                  | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| PSYCHIATRY                 | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| IMMUNIZATION AND INJECTION | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| OTHER SERVICES/ALL X-OVERS | 27                      | 38           | 593.46              | 15.62            | .031      | 21.98        | .48         |
| @PHARMACY                  | 4                       | 14 \$        | 605.35              | \$ 43.24         | .011 \$   | 151.34       | \$ .49      |
| PRESCRIPTION DRUGS         | 0                       | 2            | 41.62CR             | 20.81CR          | .002      | .00          | .03CR       |
| SNF/ICF                    | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| OUTPATIENTS                | 0                       | 2            | 41.62CR             | 20.81CR          | .002      | .00          | .03CR       |
| MEDICAL SUPPLIES           | 4                       | 12           | 646.97              | 53.91            | .010      | 161.74       | .52         |
| @DENTIST                   | 4                       | 5 \$         | .00                 | \$ .00           | .004 \$   | .00          |             |
| VISITS - DIAGNOSTIC        | 3                       | 4            | .00                 | .00              | .003      | .00          | .00         |
| ORAL SURGERY               | 1                       | 1            | .00                 | .00              | .001      | .00          | .00         |
| DRUGS                      | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ANESTHESIA                 | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| PERIODONTICS               | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ENDODONTICS                | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| RESTORATIVE DENTISTRY      | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| PROSTHETICS                | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| DENTURES, STAYPLATES       | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| SPACE MAINTAINERS          | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| MAXILLOFACIAL SERVICES     | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| FRACTURES, DISLOCATIONS    | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ORTHODONTIC SERVICES       | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| ALL OTHER SERVICES         | 0                       | 0            | .00                 | .00              | .000      | .00          | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | EXPENDITURES | MONTH-OF-PAYMENT RE | PORT FOR JAN 200 | 4 THRU DE | C 2004       | PAGE 10,830 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |              |                     |                  |           |              | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FOR | R QMB - ONLY |                     | AID CODE 80      |           |              |             |
|                            |                         |              |                     |                  | MON       | ITHLY AVERAG | E           |
| 1 243 FITCIBIES            | HEFRS HINTES (          | OF SERVICE   | FYDFNDTTIDFC        | AMERACE COST IIN | TTG/DAVG  | COST PER     | COST DEB    |

|                              |       |                  |              |     |            | ===== M(   | JIN.T | HLI AVERA | J.G.E. |          |
|------------------------------|-------|------------------|--------------|-----|------------|------------|-------|-----------|--------|----------|
| 1,243 ELIGIBLES              | USERS | UNITS OF SERVICE | EXPENDITURES | AVE | ERAGE COST | UNITS/DAYS | 3     | COST PER  |        | COST PER |
|                              |       | OR DAYS OF CARE  |              | PEF | R UNIT/DAY | PER ELIG   |       | USER      |        | ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0                | \$<br>.00    | \$  | .00        | .000       | \$    | .00       | \$     | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| EYE APPLIANCES               | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| @CHIROPRACTOR                | 0     | 0                | \$<br>.00    | \$  | .00        | .000       | \$    | .00       | \$     | .00      |
| VISITS                       | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| OTHER SERVICES               | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| @PODIATRIST                  | 3     | 3                | \$<br>47.22  | \$  | 15.74      | .002       | \$    | 15.74     | \$     | .04      |
| MEDICINE/INJECTIONS          | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| SURGERY/ANES.                | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| RADIO./PATHOLOGY             | 0     | 0                | .00          |     | .00        | .000       |       | .00       |        | .00      |
| OTHER                        | 3     | 3                | 47.22        |     | 15.74      | .002       |       | 15.74     |        | .04      |
| @HOME HEALTH AGENCY          | 0     | 0                | \$<br>.00    | \$  | .00        | .000       | \$    | .00       | \$     | .00      |
| NURSE ANESTHESIST            | 0     | 0                | \$<br>.00    | \$  | .00        | .000       | \$    | .00       | \$     | .00      |
| NURSE MIDWIFE                | 0     | 0                | \$<br>.00    | \$  | .00        | .000       | \$    | .00       | \$     | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                | \$<br>.00    | \$  | .00        | .000       | \$    | .00       | \$     | .00      |

| FAMILY NURSE PRACTITIONER               | 0              | 0 \$                                  | .00                | \$ .00        | .000 \$      | .00         | \$ .00      |
|---|----------------|---------------------------------------|--------------------|---------------|--------------|-------------|-------------|
| @TOTAL HOSPITAL                         | 4              | 19 \$                                 | 164.59             | \$ 8.66       | .015 \$      | 41.15       | \$ .13      |
| HOSP INPATIENT TOTAL                    | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| HSC HOSPITALS                           | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| NON-HSC HOSPITAL TOTAL                  | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ACCOMMODATIONS                          | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
|   | 0              | 0                                     | .00                |               |              | .00         | .00         |
| ADMINISTRATIVE DAYS                     | 0              | 0                                     |                    | .00           | .000         |             |             |
| TRANSITIONAL IP CARE                    | U              | U                                     | .00                | .00           | .000         | .00         | .00         |
| ALL OTHER ACCOM                         | O              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ANCILLARIES                             | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| INPATIENT CROSSOVERS                    | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ALL OTHER INPATIENT                     | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| HOSP OUTPATIENT TOTAL                   | 4              | 19                                    | 164.59             | 8.66          | .015         | 41.15       | .13         |
| MEDICAL                                 | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| SURGERY                                 | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| PATHOLOGY                               | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
|   | 0              | 0                                     |                    |               |              |             |             |
| RADIOLOGY                               | U              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ROOM USE                                | O              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| CROSSOVERS/ALL OTH OUTPTNT              | 4              | 19                                    | 164.59             | 8.66          | .015         | 41.15       | .13         |
| @COUNTY HOSPITAL TOTAL                  | 0              | 0 \$                                  | .00                | \$ .00        | .000 \$      | .00         | \$ .00      |
| CO HOSPITAL INPATIENT TOTAL             | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| HSC HOSPITALS                           | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| NON-HSC HOSPITALS TOTAL                 | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ACCOMMODATIONS                          | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ADMINISTRATIVE DAYS                     | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
|   | 0              | 0                                     |                    |               |              |             |             |
| TRANSITIONAL IP CARE                    | U              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ALL OTHER ACCOM                         | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ANCILLARIES                             | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| INPATIENT CROSSOVERS                    | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ALL OTHER INPATIENT                     | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| CO HOSP OUTPATIENT TOTAL                | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| MEDICAL                                 | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| SURGERY                                 | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
|   | 0              | 0                                     |                    |               |              |             |             |
| PATHOLOGY                               | U              | U                                     | .00                | .00           | .000         | .00         | .00         |
| RADIOLOGY                               | O              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ROOM USE                                | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| CROSSOVERS/ALL OTH OUTPTNT              | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| #CALIF DEPT OF HEALTH SERV              | MEDI-CAL SERVI | CES AND EXPENDITURES M                | ONTH-OF-PAYMENT RI | EPORT FOR JAN | 2004 THRU DE | C 2004      | PAGE 10,831 |
| MOP024                                  | FEE-FOR-SERVIC | E/DENTAL                              |                    |               |              |             | 03/14/05    |
| SACRAMENTO COUNTY                       | SUMMARY OF SER | VICES FOR QMB - ONLY                  |                    | AID CODE      | 8.0          |             |             |
| *************************************** |                |                                       |                    |               | MON          | THIY AVERAC | F           |
| 1,243 ELIGIBLES                         | USERS          | UNITS OF SERVICE                      | EXPENDITURES       | AVERAGE COST  |              |             | COST PER    |
| 1,245 EDIGIDDES                         | OSEKS          | OR DAYS OF CARE                       | EXFENDITORES       | PER UNIT/DAY  |              | USER        | ELIGIBLE    |
| 000000000000000000000000000000000000000 | 4              |                                       | 164 50             |               |              |             | _           |
| @COMMUNITY HOSPITAL TOTAL               | 4              | 19 \$                                 | 164.59             | \$ 8.66       | .015 \$      |             | •           |
| COMM HOSP INPATIENT TOTAL               | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| HSC HOSPITALS                           | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| NON-HSC HOSPITALS TOTAL                 | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ACCOMMODATIONS                          | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ADMINISTRATIVE DAYS                     | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| TRANSITIONAL IP CARE                    | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ALL OTHER ACCOM                         | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
|   | 0              | · · · · · · · · · · · · · · · · · · · |                    |               |              |             |             |
| ANCILLARIES                             | •              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| INPATIENT CROSSOVERS                    | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| ALL OTHER INPATIENT                     | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
| COMM HOSP OUTPATIENT TOTAL              | 4              | 19                                    | 164.59             | 8.66          | .015         | 41.15       | .13         |
| MEDICAL                                 | 0              | 0                                     | .00                | .00           | .000         | .00         | .00         |
|   |                |                                       |                    |               |              |             |             |

| SURGERY                        | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
|--------------------------------|------------------|------------------|-------|--------------------|-------|-----------|-----------|-----|-----------|----|------------|
| PATHOLOGY                      | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| RADIOLOGY                      | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ROOM USE                       | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| CROSSOVERS/ALL OTH OUTPTNT     | 4                | 19               |       | 164.59             |       | 8.66      | .015      |     | 41.15     |    | .13        |
| @STATE HOSPITAL                | 0                | 0                | \$    | .00                | Ś     | .00       | .000      | \$  | .00       | Ś  | .00        |
| MENTALLY ILL                   | 0                | 0                |       | .00                | '     | .00       | .000      |     | .00       |    | .00        |
| DEVELOP. DISABLED              | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @NURSING FACILITY              | 6                | 0                | \$    | 6,369.74           | \$    | .00       | .000      | \$  | 1061.62   | \$ | 5.12       |
| LEV A-INTERMEDIATE             | 0                | 0                | Y     | .00                | ۲     | .00       | .000      | Y   | .00       | Y  | .00        |
| LEV B-REHAB MD                 | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
|                                | 0                | 0                |       | .00                |       |           |           |     |           |    |            |
| LEV B-SUBACUTE FREESTANDING    | 0                | •                |       |                    |       | .00       | .000      |     | .00       |    | .00        |
| LEV B-SUBACUTE HSPTL BASED     | U                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| LEV B-TRANSITIONAL IP CARE     | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| LEV B-REGULAR                  | 6                | 0                |       | 6,369.74           |       | .00       | .000      |     | 1061.62   |    | 5.12       |
| @INTERMEDIATE CARE FACILDD     | 0                | 0                | \$    | .00                | \$    | .00       | .000      | \$  | .00       | Ş  | .00        |
| ICF DDH                        | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ICF DD                         | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ICF DDN/DDCN                   | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @HEMODIALYSIS TOTAL            | 0                | 0                | \$    | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00        |
| HOSPITAL BASED                 | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| HEMODIALYSIS CENTER            | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @REHABILITATION FACILITY       | 0                | 0                | \$    | .00                | Ś     | .00       | .000      | \$  | .00       | \$ | .00        |
| HOSPITAL BASED                 | 0                | 0                | '     | .00                | '     | .00       | .000      |     | .00       |    | .00        |
| INDEPENDENT FACILITY           | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @LABORATORY FACILITY           | 0                | 0                | \$    | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00        |
| PATHOLOGY                      | 0                | 0                | ۲     | .00                | Υ     | .00       | .000      | ۲   | .00       | ۲  | .00        |
| XO AND OTHERS                  | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC   | 0                | 0                | \$    | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00        |
| CLINIC CLINIC                  | 0                | 0                | Y     | .00                | Ÿ     | .00       | .000      | Y   | .00       | Y  | .00        |
|                                | 0                | 0                |       | .00                |       | .00       |           |     | .00       |    |            |
| SURGICENTER                    | 0                | 0                |       |                    |       |           | .000      |     |           |    | .00        |
| HEROIN DETOX CLINIC            | U                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| RURAL HEALTH CLINIC            | 0                | 0                |       | .00                |       | .00       | .000      | 550 | .00       | _  | .00        |
| #CALIF DEPT OF HEALTH SERV     |                  |                  | KES I | MONTH-OF-PAYMENT R | EPORT | FOR JAN 2 | 2004 THRU | DEC | 2004      | P  | AGE 10,832 |
| MOP024                         | FEE-FOR-SERVICE/ |                  |       |                    |       |           | 0.0       |     |           |    | 03/14/05   |
| SACRAMENTO COUNTY              | SUMMARY OF SERVI | CES FOR QMB - C  | ONLY  |                    |       | AID CODE  |           |     |           |    |            |
| 4 040                          |                  |                  |       |                    |       |           |           |     | HLY AVERA |    |            |
| 1,243 ELIGIBLES                | USERS            | UNITS OF SERVICE |       | EXPENDITURES       |       | RAGE COST |           |     | COST PER  |    | COST PER   |
|                                |                  | OR DAYS OF CARE  |       |                    |       | UNIT/DAY  |           |     | USER      |    | ELIGIBLE   |
| @ALL OTHER PROVIDERS           | 17               | 32               | \$    | 423.25             | \$    | 13.23     | .026      | Ş   | 24.90     | Ş  | .34        |
| DURABLE MED. EQUIP.            | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| BLOOD BANK                     | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| HEARING AID DISPENSERS         | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| MEDICAL TRANSPORTATION         | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| AMBULANCES/AIR TRANS           | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OTHER TRANS                    | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OTHER SERVICES                 | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ACUPUNCTURE                    | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ADULT DAY HEALTH CARE CTR      | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| GENETIC DISEASE TESTING        | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OCCUPATIONAL THERAPIST         | Ō                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OPTICIAN                       | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| PHYSICAL THERAPIST             | Ō                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| PORTABLE X-RAY                 | 0                | 0                |       | .00                |       | .00       | .000      |     | .00       |    | .00        |
| PROSTHETIST/ORTHOTISTS         | 1                | 2                |       | 39.80              |       | 19.90     | .002      |     | 39.80     |    | .03        |
| 110011111101, 01(111011010     | _                | <b>4</b>         |       | 33.00              |       | 10.00     | •002      |     | 27.00     |    | • 0 0      |

| PROSTHETICS  | 1                            | 2                                  |       | 39.80                                     | 19.       | 90                         | .002                         |       | 39.80                      |         | .03                      |
|--|------------------------------|------------------------------------|-------|---|-----------|----------------------------|------------------------------|-------|----------------------------|---------|--------------------------|
| ORTHOTICS  | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| PSYCHOLOGIST   | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| SPEECH AND AUDIOLOGY   | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| HOSPICE SERVICES   | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| NONINST BIRTHING CENTERS   | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| LOCAL EDUCATION AGENCIES   | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| EPSDT SUPPLEMENTAL SERVICE   | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| RESPIRATORY CARE PRACT.  | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| PED SUBACUTE REHAB/WEANING   | 0                            | 0                                  |       | .00                                       |           | 00                         | .000                         |       | .00                        |         | .00                      |
| ALL OTHER PROVIDERS  | 16                           | 30                                 |       | 383.45                                    | 12.       | 78                         | .024                         |       | 23.97                      |         | .31                      |
| @CALIF. CHILDREN SERVICES*   | 0                            | 0                                  | \$    | .00                                       | \$.       | 00                         | .000                         | \$    | .00                        | \$      | .00                      |
| @XOVER EXCLUDING STATE HOSP**  | 53                           | 104                                | \$    | 8,245.23                                  | \$ 79.    | 28                         | .084                         | \$    | 155.57                     | \$      | 6.63                     |
| EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* | 0<br>0<br>0<br>16<br>0<br>53 | 0<br>0<br>0<br>0<br>30<br>0<br>104 | \$ \$ | .00<br>.00<br>.00<br>.00<br>383.45<br>.00 | 12.<br>\$ | 00<br>00<br>00<br>78<br>00 | .000<br>.000<br>.000<br>.024 | \$ \$ | .00<br>.00<br>.00<br>23.97 | \$P \$P | .00<br>.00<br>.00<br>.31 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 10,833

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

| SACKAMENTO COUNTI          | SUMMANT OF SEN | VICES FOR 155% FROGRAM | AID (        | CODES /2 /4 ON |          |          |          |
|----------------------------|----------------|------------------------|--------------|----------------|----------|----------|----------|
|                            |                |                        |              |                | MON      |          |          |
| 8,280 ELIGIBLES            | USERS          | UNITS OF SERVICE       | EXPENDITURES | AVERAGE COST   |          | COST PER | COST PER |
|                            |                | OR DAYS OF CARE        |              | PER UNIT/DAY   | PER ELIG | USER     | ELIGIBLE |
| @TOTAL, ALL PROVIDERS      | 1,976          | 8 <b>,</b> 291 \$      | 664,058.41   | \$ 80.09       | 1.001 \$ |          |          |
| @PHYSICIANS SERVICES       | 884            | 2 <b>,</b> 559 \$      | 102,712.26   | \$ 40.14       | .309 \$  | 116.19   | \$ 12.40 |
| OUTPATIENT VISITS          | 706            | 904                    | 34,480.34    | 38.14          | .109     | 48.84    | 4.16     |
| OFFICE VISITS              | 503            | 660                    | 23,607.04    | 35.77          | .080     | 46.93    | 2.85     |
| HOME VISITS                | 0              | 0                      | .00          | .00            | .000     | .00      | .00      |
| EMERGENCY ROOM             | 162            | 173                    | 8,668.81     | 50.11          | .021     | 53.51    | 1.05     |
| PREVENTIVE CARE            | 4              | 4                      | 159.30       | 39.83          | .000     | 39.83    | .02      |
| OB VISITS/COMPRE PERI      | 2              | 2                      | 120.96       | 60.48          | .000     | 60.48    | .01      |
| OTHER OUTPATIENT           | 54             | 65                     | 1,924.23     | 29.60          | .008     | 35.63    | .23      |
| INPATIENT VISITS           | 42             | 166                    | 14,691.23    | 88.50          | .020     | 349.79   | 1.77     |
| HOSPITAL VISITS            | 37             | 146                    | 10,575.03    | 72.43          | .018     | 285.81   | 1.28     |
| CRITICAL CARE              | 8              | 20                     | 4,116.20     | 205.81         | .002     | 514.53   | .50      |
| SNF/ICF/TRANS IP CARE      | 0              | 0                      | .00          | .00            | .000     | .00      | .00      |
| OPHTHALMOLOGICAL SERVICES  | 4              | 6                      | 235.29       | 39.22          | .001     | 58.82    | .03      |
| EXAMINATIONS               | 4              | 6                      | 235.29       | 39.22          | .001     | 58.82    | .03      |
| SERVICES AND MATERIALS     | 0              | 0                      | .00          | .00            | .000     | .00      | .00      |
| INPATIENT HOSPITAL SURGERY | 28             | 116                    | 8,219.87     | 70.86          | .014     | 293.57   | .99      |
| PRINCIPAL SURGEON          | 11             | 13                     | 3,857.91     | 296.76         | .002     | 350.72   | .47      |
| ASSISTANT SURGEON          | 0              | 0                      | .00          | .00            | .000     | .00      | .00      |
| ANESTHESIOLOGIST           | 17             | 103                    | 4,361.96     | 42.35          | .012     | 256.59   | .53      |
| OUTPATIENT SURGERY         | 67             | 108                    | 10,024.99    | 92.82          | .013     | 149.63   | 1.21     |
| PRINCIPAL SURGEON          | 54             | 61                     | 7,971.14     | 130.67         | .007     | 147.61   | .96      |
| ASSISTANT SURGEON          | 0              | 0                      | .00          | .00            | .000     | .00      | .00      |
| ANESTHESIOLOGIST           | 14             | 47                     | 2,053.85     | 43.70          | .006     | 146.70   | .25      |
| DIALYSIS                   | 0              | 0                      | .00          | .00            | .000     | .00      | .00      |
| PATHOLOGY                  | 87             | 323                    | 8,528.88     | 26.41          | .039     | 98.03    | 1.03     |
| RADIOLOGY                  | 111            | 189                    | 7,620.26     | 40.32          | .023     | 68.65    | .92      |
| PSYCHIATRY                 | 0              | 0                      | .00          | .00            | .000     | .00      | .00      |
| IMMUNIZATION AND INJECTION | 34             | 463                    | 3,288.28     | 7.10           | .056     | 96.71    | .40      |
| OTHER SERVICES/ALL X-OVERS | 103            | 284                    | 15,623.12    | 55.01          | .034     | 151.68   | 1.89     |
| @PHARMACY                  | 512            | 1,433 \$               | 285,580.00   | \$ 199.29      | .173 \$  | 557.77   | \$ 34.49 |
| PRESCRIPTION DRUGS         | 504            | 906                    | 52,279.86    | 57.70          | .109     | 103.73   | 6.31     |
| SNF/ICF                    | 6              | 10                     | 751.24       | 75.12          | .001     | 125.21   | .09      |
| OUTPATIENTS                | 502            | 896                    | 51,528.62    | 57.51          | .108     | 102.65   | 6.22     |
|                            |                |                        |              |                |          |          |          |

| MEDICAL SUPPLIES  | 41                    | 527                     | 233,300.14        | 442.69                         | .064                      | 5690.25    | 28.18                          |
|---|-----------------------|-------------------------|-------------------|--------------------------------|---------------------------|------------|--------------------------------|
| @DENTIST  | 120                   | 726 \$                  | 14,877.00         | \$ 20.49                       | .088 \$                   |            |                                |
| VISITS - DIAGNOSTIC   | 95                    | 433                     | 5,165.00          | 11.93                          | .052                      | 54.37      | .62                            |
| ORAL SURGERY  | 14                    | 43                      | 1,452.00          | 33.77                          | .005                      | 103.71     | .18                            |
| DRUGS   | 8                     | 10                      | 125.00            | 12.50                          | .001                      | 15.63      | .02                            |
| ANESTHESIA  | 0                     | 0                       | .00               | .00                            | .000                      | .00        | .00                            |
| PERIODONTICS  | 0                     | 0                       | .00               | .00                            | .000                      | .00        | .00                            |
| ENDODONTICS   | 19                    | 51                      | 2,201.00          | 43.16                          | .006                      | 115.84     | .27                            |
| RESTORATIVE DENTISTRY   | 45                    | 158                     | 5,814.00          | 36.80                          | .019                      | 129.20     | .70                            |
| PROSTHETICS   | 1                     | 1                       | .00               | .00                            | .000                      | .00        | .00                            |
| DENTURES, STAYPLATES  | 0                     | 0                       | .00               | .00                            | .000                      | .00        | .00                            |
| SPACE MAINTAINERS   | 0                     | 1                       | 120.00            | 120.00                         | .000                      | .00        | .01                            |
| MAXILLOFACIAL SERVICES  | 0                     | 0                       | .00               | .00                            | .000                      | .00        | .00                            |
| FRACTURES, DISLOCATIONS   | 0                     | 0                       | .00               | .00                            | .000                      | .00        | .00                            |
| ORTHODONTIC SERVICES  | 0                     | 0                       | .00               | .00                            | .000                      | .00        | .00                            |
| ALL OTHER SERVICES  | 7                     | 29                      | .00               | .00                            | .004                      | .00        | .00                            |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICE      | ES AND EXPENDITURES MON | TH-OF-PAYMENT R   | EPORT FOR JAN                  | 2004 THRU DE              | C 2004     | PAGE 10,834                    |
| MOP024  | FEE-FOR-SERVICE       | /DENTAL                 |                   |                                |                           |            | 03/14/05                       |
| SACRAMENTO COUNTY   | SUMMARY OF SERV       | ICES FOR 133% PROGRAM   | AID               | CODES 72 74 81                 | N 8P                      |            |                                |
|   |                       |                         |                   |                                | MON                       | THLY AVERA | .GE                            |
| 8,280 ELIGIBLES   | USERS                 | UNITS OF SERVICE        | EXPENDITURES      | AVERAGE COST                   | T UNITS/DAYS              | COST PER   | COST PER                       |
|   |                       | OR DAYS OF CARE         |                   | PER UNIT/DAY                   | Y PER ELIG                | USER       | ELIGIBLE                       |
| @OPTOMETRIST  | 7                     | 20 \$                   | 385.02            | \$ 19.25                       | .002 \$                   |            | \$ .05                         |
| DIAGNOSTIC AND ANC. PROCED  | 4                     | 5                       | 170.77            | 34.15                          | .001                      | 42.69      | .02                            |
| EYE APPLIANCES  | 5                     | 15                      | 214.25            | 14.28                          | .002                      | 42.85      | .03                            |
| EIE AII BIANCES   | 5                     |                         |                   |                                |                           |            |                                |
| OTHER OPTOMETRIC SERVICES   | 0                     | 0                       | .00               | .00                            | .000                      | .00        | .00                            |
|   | 0                     | 0<br>0 \$               | .00               | .00<br>\$ .00                  | .000<br>.000 \$           |            |                                |
| OTHER OPTOMETRIC SERVICES   | 0<br>0<br>0           | -                       |                   |                                |                           |            |                                |
| OTHER OPTOMETRIC SERVICES<br>@CHIROPRACTOR<br>VISITS<br>OTHER SERVICES    | 0<br>0<br>0<br>0      | -                       | .00<br>.00<br>.00 | \$ .00<br>.00<br>.00           | .000 \$<br>.000<br>.000   | .00        | \$ .00<br>.00<br>.00           |
| OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST | 0<br>0<br>0<br>0      | 0 \$<br>0               | .00<br>.00<br>.00 | \$ .00<br>.00<br>.00<br>\$ .00 | .000 \$ .000 .000 .000 \$ | .00        | \$ .00<br>.00<br>.00<br>\$ .00 |
| OTHER OPTOMETRIC SERVICES<br>@CHIROPRACTOR<br>VISITS<br>OTHER SERVICES    | 0<br>0<br>0<br>0<br>0 | 0 \$<br>0<br>0          | .00<br>.00<br>.00 | \$ .00<br>.00<br>.00           | .000 \$<br>.000<br>.000   | .00        | \$ .00<br>.00<br>.00           |

| RADIO./PATHOLOGY               | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
|--------------------------------|-----------------|--------------------------|-------------------|----------------|------------|------------|-------------|
| OTHER                          | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| @HOME HEALTH AGENCY            | 7               | 117 \$                   | 3,690.36          | \$ 31.54       | .014 \$    |            |             |
| NURSE ANESTHESIST              | 0               | 0 \$                     | .00               | \$ .00         | .000 \$    |            |             |
| NURSE MIDWIFE                  | 0               | 0 \$                     | .00               | \$ .00         | .000 \$    |            | \$ .00      |
| PEDIATRIC NURSE PRACTITIONER   | 0               | 0 \$                     | .00               | \$ .00         | .000 \$    |            | \$ .00      |
| FAMILY NURSE PRACTITIONER      | 0               | 0 \$                     | .00               | \$ .00         | .000 \$    | .00        | \$ .00      |
| @TOTAL HOSPITAL                | 353             | 1,216 \$                 | 221,667.90        | \$ 182.29      | .147 \$    | 627.95     | \$ 26.77    |
| HOSP INPATIENT TOTAL           | 41              | 155                      | 192,816.68        | 1243.98        | .019       | 4702.85    | 23.29       |
| HSC HOSPITALS                  | 39              | 150                      | 186,970.28        | 1246.47        | .018       | 4794.11    | 22.58       |
| NON-HSC HOSPITAL TOTAL         | 2               | 5                        | 5,846.40          | 1169.28        | .001       | 2923.20    | .71         |
| ACCOMMODATIONS                 | 2               | 5                        | 5,846.40          | 1169.28        | .001       | 2923.20    | .71         |
| ADMINISTRATIVE DAYS            | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| TRANSITIONAL IP CARE           | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| ALL OTHER ACCOM                | 2               | 5                        | 5,846.40          | 1169.28        | .001       | 2923.20    | .71         |
| ANCILLARIES                    | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| INPATIENT CROSSOVERS           | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| ALL OTHER INPATIENT            | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| HOSP OUTPATIENT TOTAL          | 319             | 1,061                    | 28,851.22         | 27.19          | .128       | 90.44      | 3.48        |
| MEDICAL                        | 42              | 57                       | 2 <b>,</b> 093.53 | 36.73          | .007       | 49.85      | .25         |
| SURGERY                        | 40              | 41                       | 1,638.90          | 39.97          | .005       | 40.97      | .20         |
| PATHOLOGY                      | 87              | 332                      | 2,998.96          | 9.03           | .040       | 34.47      | .36         |
| RADIOLOGY                      | 84              | 99                       | 4,154.19          | 41.96          | .012       | 49.45      | .50         |
| ROOM USE                       | 259             | 302                      | 12,121.07         | 40.14          | .036       | 46.80      | 1.46        |
| CROSSOVERS/ALL OTH OUTPTNT     | 117             | 230                      | 5,844.57          | 25.41          | .028       | 49.95      | .71         |
| @COUNTY HOSPITAL TOTAL         | 3               | 6 \$                     | 173.98            | \$ 29.00       | .001 \$    |            |             |
| CO HOSPITAL INPATIENT TOTAL    | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| HSC HOSPITALS                  | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| NON-HSC HOSPITALS TOTAL        | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| ACCOMMODATIONS                 | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| ADMINISTRATIVE DAYS            | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| TRANSITIONAL IP CARE           | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| ALL OTHER ACCOM<br>ANCILLARIES | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| INPATIENT CROSSOVERS           | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| ALL OTHER INPATIENT            | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL       | 3               | 6                        | 173.98            | 29.00          | .001       | 57.99      | .02         |
| MEDICAL                        | 1               | 1                        | 24.80             | 24.80          | .000       | 24.80      | .00         |
| SURGERY                        | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| PATHOLOGY                      | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| RADIOLOGY                      | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| ROOM USE                       | 3               | 4                        | 141.98            | 35.50          | .000       | 47.33      | .02         |
| CROSSOVERS/ALL OTH OUTPINT     | 1               | 1                        | 7.20              | 7.20           | .000       | 7.20       | .00         |
|                                |                 | ES AND EXPENDITURES MON' |                   |                |            |            | PAGE 10,835 |
| MOP024                         | FEE-FOR-SERVICE |                          |                   |                |            |            | 03/14/05    |
| SACRAMENTO COUNTY              |                 | ICES FOR 133% PROGRAM    | AID               | CODES 72 74 8N | 8P         |            |             |
|                                |                 |                          |                   |                |            | THLY AVERA | GE          |
| 8,280 ELIGIBLES                | USERS           | UNITS OF SERVICE         | EXPENDITURES      | AVERAGE COST   | UNITS/DAYS | COST PER   | COST PER    |
| •                              |                 | OR DAYS OF CARE          |                   | PER UNIT/DAY   |            | USER       | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL      | 350             | 1,210 \$                 | 221,493.92        | \$ 183.05      | .146 \$    | 632.84     | \$ 26.75    |
| COMM HOSP INPATIENT TOTAL      | 41              | 155                      | 192,816.68        | 1243.98        | .019       | 4702.85    | 23.29       |
| HSC HOSPITALS                  | 39              | 150                      | 186,970.28        | 1246.47        | .018       | 4794.11    | 22.58       |
| NON-HSC HOSPITALS TOTAL        | 2               | 5                        | 5,846.40          | 1169.28        | .001       | 2923.20    | .71         |
| ACCOMMODATIONS                 | 2               | 5                        | 5,846.40          | 1169.28        | .001       | 2923.20    | .71         |
| ADMINISTRATIVE DAYS            | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
| TRANSITIONAL IP CARE           | 0               | 0                        | .00               | .00            | .000       | .00        | .00         |
|                                |                 |                          |                   |                |            |            |             |

| ALL OTHER ACCOM                 | 2                | 5                     |            | 5,846.40                                 |          | 1169.28        | . (     | 01         |      | 2923.20         |      | .71        |
|---------------------------------|------------------|-----------------------|------------|--|----------|----------------|---------|------------|------|-----------------|------|------------|
| ANCILLARIES                     | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| INPATIENT CROSSOVERS            | 0                | 0<br>0<br>1,055<br>56 |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| ALL OTHER INPATIENT             | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| COMM HOSP OUTPATIENT TOTAL      | 316              | 1,055                 |            | 28,677.24                                |          | 27.18          | .1      | .27        |      | 90.75           |      | 3.46       |
| MEDICAL                         | 41               | 56                    |            | 2,068.73                                 |          | 36.94          |         | 07         |      | 50.46           |      | .25        |
| SURGERY                         | - U              | 4.7                   |            | 1,638.90                                 |          | 39.97          |         | 05         |      | 40.97           |      | .20        |
| PATHOLOGY                       | 87               | 332                   |            | 2,998.96                                 |          | 9.03           |         | 40         |      | 34.47           |      | .36        |
| RADIOLOGY                       | 84               | 99                    |            | 4,154.19                                 |          | 41.96          |         | )12        |      | 49.45           |      | .50        |
| ROOM USE                        | 256<br>116       | 298                   |            | 11,979.09                                |          | 40.20          |         | 36         |      | 46.79           |      | 1.45       |
| CROSSOVERS/ALL OTH OUTPINT      | 110              | 229<br>0              | ċ          | 5,837.37                                 | \$       | 25.49          |         | )28<br>)00 | ċ    | 50.32           | ċ    | .70<br>.00 |
| @STATE HOSPITAL<br>MENTALLY ILL | 0                | 0                     | \$         | .00                                      | Ą        | .00            |         | 000        | Ş    | .00             | Ş    | .00        |
| DEVELOP. DISABLED               | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| @NURSING FACILITY               | 0                | 0                     | \$         | .00                                      | \$       | .00            |         | 000        | Ś    | .00             | S    | .00        |
| LEV A-INTERMEDIATE              | 0                | 0                     | Ψ.         | .00                                      | ۲        | .00            |         | 000        | Υ    | .00             | Υ    | .00        |
| LEV B-REHAB MD                  | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| LEV B-SUBACUTE FREESTANDING     | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| LEV B-SUBACUTE HSPTL BASED      | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| LEV B-TRANSITIONAL IP CARE      | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| LEV B-REGULAR                   | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| @INTERMEDIATE CARE FACILDD      | 0                | 0                     | \$         | .00                                      | \$       | .00            | . (     | 00         | \$   | .00             | \$   | .00        |
| ICF DDH                         | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| ICF DD                          | 0                | 0                     |            | .00                                      |          | .00            | . (     | 000        |      | .00             |      | .00        |
| ICF DDN/DDCN                    | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| @HEMODIALYSIS TOTAL             | 0                | 0                     | \$         | .00                                      | \$       | .00            |         | 00         | \$   | .00             | \$   | .00        |
| HOSPITAL BASED                  | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| HEMODIALYSIS CENTER             | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| @REHABILITATION FACILITY        | 6                | 29                    | \$         | 861.98                                   | \$       | 29.72          |         |            | \$   |                 | \$   | .10        |
| HOSPITAL BASED                  | 2                | 4                     |            | 254.48                                   |          | 63.62          |         | 000        |      | 127.24          |      | .03        |
| INDEPENDENT FACILITY            | 4<br>125<br>125  | 25                    | _          | 607.50                                   | _        | 24.30          |         | 03         | _    | 151.88          | _    | .07        |
| @LABORATORY FACILITY            | 125              | 273                   | \$         | 2,677.67                                 | \$       | 9.81           |         | 33         | Ş    | 21.42           | Ş    | .32        |
| PATHOLOGY                       |                  | 273                   |            | 2,677.67                                 |          | 9.81           |         | 33         |      | 21.42           |      | .32        |
| XO AND OTHERS                   | 0<br>128         | 0                     | Ć          | .00                                      |          | .00            |         | 000        | Ċ    | .00             | Ċ    | .00        |
|                                 | 128<br>95        | 217                   | \$         | 6,733.57                                 | \$       |                |         | 26         | \$   | 52.61           | Ş    | .81        |
| CLINIC<br>SURGICENTER           | 8                | 149<br>37             |            | 2,366.08<br>1,242.18                     |          | 15.88<br>33.57 |         | )18<br>)04 |      | 24.91<br>155.27 |      | .29<br>.15 |
| HEROIN DETOX CLINIC             | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| RURAL HEALTH CLINIC             | 25               | 31                    |            | 3,125.31                                 |          | 100.82         |         | 04         |      | 125.01          |      | .38        |
| #CALIF DEPT OF HEALTH SERV      | MEDI-CAL SERVICE |                       | TIRES MON  |  | REPORT   |                |         |            |      |                 | ÞΙ   | AGE 10,836 |
| MOP024                          | FEE-FOR-SERVICE  |                       | OTCED TIOI | VIII 01 11111111111111111111111111111111 | CEI OICI | I OIL OIII     | 2001 11 | 1110       | DLO  | 2001            |      | 03/14/05   |
| SACRAMENTO COUNTY               | SUMMARY OF SERV  |                       | PROGRAM    | AID                                      | CODES    | 72 74 8N       | 1 8 P   |            |      |                 |      | 00/11/00   |
|                                 |                  |                       |            |  |          |                |         | - M        | ONTE | HLY AVERA       | GE - |            |
| 8,280 ELIGIBLES                 | USERS            | UNITS OF SERVI        | CE         | EXPENDITURES                             | AVE      | RAGE COST      | UNITS   | 'DAY       | S C  | COST PER        | (    | COST PER   |
|                                 |                  | OR DAYS OF CA         | RE         |  |          | UNIT/DAY       |         |            |      | USER            |      | ELIGIBLE   |
| @ALL OTHER PROVIDERS            | 265              | 1,701                 | \$         | 24,872.65                                |          | 14.62          |         |            | \$   |                 |      | 3.00       |
| DURABLE MED. EQUIP.             | 16               | 27                    |            | 5,922.35                                 |          | 219.35         | . (     | 03         |      | 370.15          |      | .72        |
| BLOOD BANK                      | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| HEARING AID DISPENSERS          | 0                | 0                     |            | .00                                      |          | .00            | . (     | 00         |      | .00             |      | .00        |
| MEDICAL TRANSPORTATION          | 21               | 143                   |            | 2,556.82                                 |          | 17.88          | . (     | 17         |      | 121.75          |      | .31        |
| AMBULANCES/AIR TRANS            | 21               | 143                   |            | 2,556.82                                 |          | 17.88          |         | 17         |      | 121.75          |      | .31        |
| OTHER TRANS                     | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| OTHER SERVICES                  | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| ACUPUNCTURE                     | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| ADULT DAY HEALTH CARE CTR       | 0                | 0                     |            | .00                                      |          | .00            |         | 000        |      | .00             |      | .00        |
| GENETIC DISEASE TESTING         | 0                | 0                     |            | .00                                      |          | .00            | . (     | 000        |      | .00             |      | .00        |
|                                 |                  |                       |            |  |          |                |         |            |      |                 |      |            |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
|--------------------------------|-----|-------|---------------------------|----------|------|------------|----------|
| OCCUPATIONAL THERAPIST         | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| OPTICIAN                       | 14  | 28    | 243.66                    | 8.70     | .003 | 17.40      | .03      |
| PHYSICAL THERAPIST             | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| PORTABLE X-RAY                 | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| PROSTHETIST/ORTHOTISTS         | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| PROSTHETICS                    | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| ORTHOTICS                      | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| PSYCHOLOGIST                   | 1   | 5     | 85.46                     | 17.09    | .001 | 85.46      | .01      |
| SPEECH AND AUDIOLOGY           | 1   | 1     | 2,402.40                  | 2402.40  | .000 | 2402.40    | .29      |
| HOSPICE SERVICES               | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| NONINST BIRTHING CENTERS       | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| LOCAL EDUCATION AGENCIES       | 209 | 1,493 | 13,581.84                 | 9.10     | .180 | 64.98      | 1.64     |
| EPSDT SUPPLEMENTAL SERVICE     | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| RESPIRATORY CARE PRACT.        | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| PED SUBACUTE REHAB/WEANING     | 0   | 0     | .00                       | .00      | .000 | .00        | .00      |
| ALL OTHER PROVIDERS            | 3   | 4     | 80.12                     | 20.03    | .000 | 26.71      | .01      |
| @CALIF. CHILDREN SERVICES*     | 228 | 6,429 | \$<br>478 <b>,</b> 988.60 | \$ 74.50 | .776 | \$ 2100.83 | \$ 57.85 |
| @XOVER EXCLUDING STATE HOSP**  | 0   | 0     | \$<br>.00                 | \$ .00   | .000 | \$ .00     | \$ .00   |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,837
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----6,533 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,005 144.93 \$ @TOTAL, ALL PROVIDERS 13,000 290,581.26 \$ 22.35 1.990 \$ 44.48 @PHYSICIANS SERVICES 386 866 38,346.76 \$ 44.28 .133 \$ 99.34 \$ 5.87 280 335 12,882.48 46.01 OUTPATIENT VISITS 38.46 .051 1.97 183 224 44.79 OFFICE VISITS 8,196.89 36.59 .034 .00 HOME VISITS 0 0 .00 .000 .00 .00 EMERGENCY ROOM 68 72 3,485.40 48.41 .011 51.26 0 .00 .00 0 .00 .000 PREVENTIVE CARE 1 OB VISITS/COMPRE PERI 1 118.32 118.32 .000 118.32 .02 38 .17 OTHER OUTPATIENT 35 1,081.87 28.47 .006 30.91 10 45 75.91 .007 341.58 INPATIENT VISITS 3,415.76 10 1,962.16 HOSPITAL VISITS 38 51.64 .006 196.22 .30 CRITICAL CARE 3 1,453.60 207.66 .001 484.53 .22 .00 .00 0 .00 .000 .00 SNF/ICF/TRANS IP CARE 94.60 47.30 .000 47.30 .01 OPHTHALMOLOGICAL SERVICES .01 EXAMINATIONS 94.60 47.30 .000 47.30 0 .00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY 11 67 9,370.84 139.86 .010 851.89 11 6,884.49 625.86 .002 860.56 1.05 PRINCIPAL SURGEON 3 343.84 .000 515.76 ASSISTANT SURGEON 1,031.51 ANESTHESIOLOGIST 27.45 242.47 6 53 1,454.84 .008 .22 23 44 78.34 149.87 OUTPATIENT SURGERY 3,446.95 .007 .53 132.00 PRINCIPAL SURGEON 2,903.93 116.16 .004 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 19 4 543.02 28.58 135.76 ANESTHESIOLOGIST .003 . 0.8 .00 .00 .000 .00 DIALYSIS 18 1,107.78 PATHOLOGY 56 19.78 .009 61.54 .17 86 122 25.96 RADIOLOGY 3,166.70 .019 36.82 .48 PSYCHIATRY .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 2                       | 12           | 183.10               | 15.26         | .002        | 91.55     | .03         |
|----------------------------|-------------------------|--------------|----------------------|---------------|-------------|-----------|-------------|
| OTHER SERVICES/ALL X-OVERS | 47                      | 183          | 4,678.55             | 25.57         | .028        | 99.54     | .72         |
| @PHARMACY                  | 261                     | 3,161        | \$ 49,080.46         | \$ 15.53      | .484        | \$ 188.05 | \$ 7.51     |
| PRESCRIPTION DRUGS         | 246                     | 462          | 32,754.49            | 70.90         | .071        | 133.15    | 5.01        |
| SNF/ICF                    | 2                       | 5            | 739.42               | 147.88        | .001        | 369.71    | .11         |
| OUTPATIENTS                | 245                     | 457          | 32,015.07            | 70.05         | .070        | 130.67    | 4.90        |
| MEDICAL SUPPLIES           | 20                      | 2,699        | 16,325.97            | 6.05          | .413        | 816.30    | 2.50        |
| @DENTIST                   | 217                     | 1,338        | 34,450.25            | \$ 25.75      | .205        | \$ 158.76 | \$ 5.27     |
| VISITS - DIAGNOSTIC        | 143                     | 919          | 11,998.25            | 13.06         | .141        | 83.90     | 1.84        |
| ORAL SURGERY               | 41                      | 77           | 4,259.00             | 55.31         | .012        | 103.88    | .65         |
| DRUGS                      | 0                       | 0            | .00                  | .00           | .000        | .00       | .00         |
| ANESTHESIA                 | 0                       | 0            | .00                  | .00           | .000        | .00       | .00         |
| PERIODONTICS               | 0                       | 0            | .00                  | .00           | .000        | .00       | .00         |
| ENDODONTICS                | 26                      | 35           | 5,269.00             | 150.54        | .005        | 202.65    | .81         |
| RESTORATIVE DENTISTRY      | 92                      | 266          | 11,770.00            | 44.25         | .041        | 127.93    | 1.80        |
| PROSTHETICS                | 0                       | 0            | .00                  | .00           | .000        | .00       | .00         |
| DENTURES, STAYPLATES       | 1                       | 4            | 219.00               | 54.75         | .001        | 219.00    | .03         |
| SPACE MAINTAINERS          | 4                       | 6            | 480.00               | 80.00         | .001        | 120.00    | .07         |
| MAXILLOFACIAL SERVICES     | 0                       | 0            | .00                  | .00           | .000        | .00       | .00         |
| FRACTURES, DISLOCATIONS    | 0                       | 0            | .00                  | .00           | .000        | .00       | .00         |
| ORTHODONTIC SERVICES       | 15                      | 15           | 455.00               | 30.33         | .002        | 30.33     | .07         |
| ALL OTHER SERVICES         | 8                       | 16           | .00                  | .00           | .002        | .00       | .00         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND   | EXPENDITURES | S MONTH-OF-PAYMENT R | EPORT FOR JAN | 2004 THRU D | EC 2004   | PAGE 10,838 |
| MOP024                     | FEE-FOR-SERVICE / DENTA | T.           |                      |               |             |           | 03/14/05    |

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

| DACKARIENTO COUNTT           | DOMINANT OF DEINV | TCES FOR 1008  | INOGNAM | ALD          | CODE | J /A /C OIL | 01         |    |           |     |          |
|------------------------------|-------------------|----------------|---------|--------------|------|-------------|------------|----|-----------|-----|----------|
|                              |                   |                |         |              |      |             | MC         | NT | HLY AVERA | .GE |          |
| 6,533 ELIGIBLES              | USERS             | UNITS OF SERVI | CE      | EXPENDITURES | AV:  | ERAGE COST  | UNITS/DAYS | 5  | COST PER  |     | COST PER |
|                              |                   | OR DAYS OF CA  | ARE     |              | PE:  | R UNIT/DAY  | PER ELIG   |    | USER      |     | ELIGIBLE |
| @OPTOMETRIST                 | 29                | 94             | \$      | 2,018.01     | \$   | 21.47       | .014       | \$ | 69.59     | \$  | .31      |
| DIAGNOSTIC AND ANC. PROCED   | 26                | 31             |         | 1,124.11     |      | 36.26       | .005       |    | 43.24     |     | .17      |
| EYE APPLIANCES               | 22                | 63             |         | 893.90       |      | 14.19       | .010       |    | 40.63     |     | .14      |
| OTHER OPTOMETRIC SERVICES    | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| @CHIROPRACTOR                | 0                 | 0              | \$      | .00          | \$   | .00         | .000       | \$ | .00       | \$  | .00      |
| VISITS                       | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| OTHER SERVICES               | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| @PODIATRIST                  | 1                 | 1              | \$      | 62.41        | \$   | 62.41       | .000       | \$ | 62.41     | \$  | .01      |
| MEDICINE/INJECTIONS          | 1                 | 1              |         | 62.41        |      | 62.41       | .000       |    | 62.41     |     | .01      |
| SURGERY/ANES.                | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| RADIO./PATHOLOGY             | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| OTHER                        | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| @HOME HEALTH AGENCY          | 1                 | 308            | \$      | 9,058.28     | \$   | 29.41       | .047       | \$ | 9058.28   | \$  | 1.39     |
| NURSE ANESTHESIST            | 0                 | 0              | \$      | .00          | \$   | .00         | .000       | \$ | .00       | \$  | .00      |
| NURSE MIDWIFE                | 0                 | 0              | \$      | .00          | \$   | .00         | .000       | \$ | .00       | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | . 0               | 0              | \$      | .00          | \$   | .00         | .000       | \$ | .00       | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 2                 | 3              | \$      | 60.58        | \$   | 20.19       | .000       | \$ | 30.29     | \$  | .01      |
| @TOTAL HOSPITAL              | 168               | 672            | \$      | 88,400.12    | \$   | 131.55      | .103       | \$ | 526.19    | \$  | 13.53    |
| HOSP INPATIENT TOTAL         | 10                | 56             |         | 71,299.00    |      | 1273.20     | .009       |    | 7129.90   |     | 10.91    |
| HSC HOSPITALS                | 10                | 56             |         | 71,299.00    |      | 1273.20     | .009       |    | 7129.90   |     | 10.91    |
| NON-HSC HOSPITAL TOTAL       | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| ACCOMMODATIONS               | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| ADMINISTRATIVE DAYS          | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| TRANSITIONAL IP CARE         | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| ALL OTHER ACCOM              | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| ANCILLARIES                  | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| INPATIENT CROSSOVERS         | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
| ALL OTHER INPATIENT          | 0                 | 0              |         | .00          |      | .00         | .000       |    | .00       |     | .00      |
|                              |                   |                |         |              |      |             |            |    |           |     |          |

| HOSP OUTPATIENT TOTAL       | 160              | 616             |         | 17,101.12         | 27.76           | .094        | 106.88      |    | 2.62     |
|-----------------------------|------------------|-----------------|---------|-------------------|-----------------|-------------|-------------|----|----------|
| MEDICAL                     | 21               | 25              |         | 819.01            | 32.76           | .004        | 39.00       |    | .13      |
| SURGERY                     | 20               | 23              |         | 1,141.06          | 49.61           | .004        | 57.05       |    | .17      |
| PATHOLOGY                   | 41               | 216             |         | 1,747.94          | 8.09            | .033        | 42.63       |    | .27      |
| RADIOLOGY                   | 49               | 66              |         | 3,937.31          | 59.66           | .010        | 80.35       |    | .60      |
| ROOM USE                    | 132              | 154             |         | 6,170.30          | 40.07           | .024        | 46.74       |    | .94      |
| CROSSOVERS/ALL OTH OUTPINT  | 53               | 132             |         | 3 <b>,</b> 285.50 | 24.89           | .020        | 61.99       |    | .50      |
| @COUNTY HOSPITAL TOTAL      | 0                | 0               | \$      | .00               | \$ .00          | .000        | \$ .00      | \$ | .00      |
| CO HOSPITAL INPATIENT TOTAL | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| HSC HOSPITALS               | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| NON-HSC HOSPITALS TOTAL     | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| ACCOMMODATIONS              | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| ADMINISTRATIVE DAYS         | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| TRANSITIONAL IP CARE        | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| ALL OTHER ACCOM             | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| ANCILLARIES                 | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| INPATIENT CROSSOVERS        | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| ALL OTHER INPATIENT         | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| CO HOSP OUTPATIENT TOTAL    | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| MEDICAL                     | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| SURGERY                     | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| PATHOLOGY                   | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| RADIOLOGY                   | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| ROOM USE                    | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| CROSSOVERS/ALL OTH OUTPTNT  | 0                | 0               |         | .00               | .00             | .000        | .00         |    | .00      |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICE |                 | RES MOI | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU D | EC 2004     |    | E 10,839 |
| MOP024                      | FEE-FOR-SERVICE/ |                 |         |                   |                 |             |             |    | 03/14/05 |
| SACRAMENTO COUNTY           | SUMMARY OF SERVI | CES FOR 100% P  | ROGRAM  | AID (             | CODES 7A 7C 8R  |             |             |    |          |
|                             |                  |                 |         |                   |                 |             | NTHLY AVERA | -  |          |
| 6,533 ELIGIBLES             | USERS            | UNITS OF SERVIC |         | EXPENDITURES      | AVERAGE COST    |             |             |    | ST PER   |
| 0.000                       | 1.60             | OR DAYS OF CAR  |         | 00 400 10         | PER UNIT/DAY    |             | USER        |    | JIGIBLE  |
| @COMMUNITY HOSPITAL TOTAL   | 168              | 672             | \$      | 88,400.12         | \$ 131.55       | .103        | \$ 526.19   | Ş  | 13.53    |

| COMM HOSP INPATIENT TOTAL                     | 10              | 56               |         | 71,299.00         |        | 1273.20   | .009      |       | 7129.90   |      | 10.91      |
|---|-----------------|------------------|---------|-------------------|--------|-----------|-----------|-------|-----------|------|------------|
| HSC HOSPITALS                                 | 10              | 56               |         | 71,299.00         |        | 1273.20   | .009      |       | 7129.90   |      | 10.91      |
| NON-HSC HOSPITALS TOTAL                       | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| ACCOMMODATIONS                                | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| ADMINISTRATIVE DAYS                           | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| TRANSITIONAL IP CARE                          | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| ALL OTHER ACCOM                               | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| ANCILLARIES                                   | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| INPATIENT CROSSOVERS                          | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| ALL OTHER INPATIENT                           | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| COMM HOSP OUTPATIENT TOTAL                    | 160             | 616              |         | 17,101.12         |        | 27.76     | .094      |       | 106.88    |      | 2.62       |
| MEDICAL                                       | 21              | 25               |         | 819.01            |        | 32.76     | .004      |       | 39.00     |      | .13        |
| SURGERY                                       | 20              | 23               |         | 1,141.06          |        | 49.61     | .004      |       | 57.05     |      | .17        |
| PATHOLOGY                                     | 41              | 216              |         | 1,747.94          |        | 8.09      | .033      |       | 42.63     |      | .27        |
| RADIOLOGY                                     | 49              | 66               |         | 3,937.31          |        | 59.66     | .010      |       | 80.35     |      | .60        |
| ROOM USE                                      | 132             | 154              |         | 6,170.30          |        | 40.07     | .024      |       | 46.74     |      | .94        |
| CROSSOVERS/ALL OTH OUTPTNT                    | 53              | 132              |         | 3,285.50          |        | 24.89     | .020      |       | 61.99     |      | .50        |
| @STATE HOSPITAL                               | 0               | 0                | \$      | .00               | \$     | .00       | .000      | Ś     | .00       | Ś    | .00        |
| MENTALLY ILL                                  | 0               | 0                | т       | .00               | Ψ      | .00       | .000      | т     | .00       | Τ    | .00        |
| DEVELOP. DISABLED                             | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| @NURSING FACILITY                             | 0               | 0                | \$      | .00               | \$     | .00       | .000      | Ċ     | .00       | Ċ    | .00        |
| LEV A-INTERMEDIATE                            | 0               | 0                | ۲       | .00               | Ą      | .00       | .000      | ۲     | .00       | ې    | .00        |
|   | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| LEV B-REHAB MD<br>LEV B-SUBACUTE FREESTANDING | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
|   | 0               | 0                |         | .00               |        |           |           |       | .00       |      |            |
| LEV B-SUBACUTE HSPTL BASED                    | 0               |                  |         |                   |        | .00       | .000      |       |           |      | .00        |
| LEV B-TRANSITIONAL IP CARE                    | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| LEV B-REGULAR                                 | U               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| @INTERMEDIATE CARE FACILDD                    | 0               | 0                | \$      | .00               | \$     | .00       | .000      | Ş     | .00       | Ş    | .00        |
| ICF DDH                                       | U               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| ICF DD  | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| ICF DDN/DDCN                                  | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| @HEMODIALYSIS TOTAL                           | 0               | 0                | \$      | .00               | \$     | .00       | .000      | \$    | .00       | Ş    | .00        |
| HOSPITAL BASED                                | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| HEMODIALYSIS CENTER                           | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| @REHABILITATION FACILITY                      | 17              | 77               | \$      | 1,851.26          | \$     | 24.04     | .012      | \$    | 108.90    | \$   | .28        |
| HOSPITAL BASED                                | 4               | 8                |         | 307.57            |        | 38.45     | .001      |       | 76.89     |      | .05        |
| INDEPENDENT FACILITY                          | 13              | 69               |         | 1,543.69          |        | 22.37     | .011      |       | 118.75    |      | .24        |
| @LABORATORY FACILITY                          | 42              | 130              | \$      | 1,438.98          | \$     | 11.07     | .020      | \$    | 34.26     | \$   | .22        |
| PATHOLOGY                                     | 42              | 130              |         | 1,438.98          |        | 11.07     | .020      |       | 34.26     |      | .22        |
| XO AND OTHERS                                 | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| @ORGANIZED OUTPATIENT CLINIC                  | 40              | 82               | \$      | 3,254.51          | \$     | 39.69     | .013      | \$    | 81.36     | \$   | .50        |
| CLINIC  | 31              | 66               |         | 1,412.25          |        | 21.40     | .010      |       | 45.56     |      | .22        |
| SURGICENTER                                   | 1               | 8                |         | 274.34            |        | 34.29     | .001      |       | 274.34    |      | .04        |
| HEROIN DETOX CLINIC                           | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| RURAL HEALTH CLINIC                           | 8               | 8                |         | 1,567.92          |        | 195.99    | .001      |       | 195.99    |      | .24        |
| #CALIF DEPT OF HEALTH SERV                    | MEDI-CAL SERVIC | ES AND EXPENDITU | JRES MC | ONTH-OF-PAYMENT R | REPORT | FOR JAN 2 | 2004 THRU | DEC   | 2004      | PI   | AGE 10,840 |
| MOP024  | FEE-FOR-SERVICE | /DENTAL          |         |                   |        |           |           |       |           |      | 03/14/05   |
| SACRAMENTO COUNTY                             |                 | ICES FOR 100% F  | PROGRAM | M AID             | CODES  | 7A 7C 8R  | 8T        |       |           |      |            |
|   |                 |                  |         |                   |        |           | M         | IONT: | HLY AVERA | GE - |            |
| 6,533 ELIGIBLES                               | USERS           | UNITS OF SERVICE | CE      | EXPENDITURES      | AVE    | RAGE COST | UNITS/DAY | S     | COST PER  |      | COST PER   |
|   |                 | OR DAYS OF CAR   | RE      |                   | PER    | UNIT/DAY  | PER ELIG  | j     | USER      | E    | ELIGIBLE   |
| @ALL OTHER PROVIDERS                          | 1,078           | 6,268            | \$      | 62,559.64         | \$     | 9.98      | .959      |       | 58.03     |      | 9.58       |
| DURABLE MED. EQUIP.                           | 2               | 8                |         | 494.49            | •      | 61.81     | .001      | •     | 247.25    |      | .08        |
| BLOOD BANK                                    | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| HEARING AID DISPENSERS                        | 0               | 0                |         | .00               |        | .00       | .000      |       | .00       |      | .00        |
| MEDICAL TRANSPORTATION                        | 10              | 99               |         | 1,274.95          |        | 12.88     | .015      |       | 127.50    |      | .20        |
|   | = 0             | 33               |         | =,=:1.30          |        |           | .010      |       |           |      |            |

| AMBULANCES/AIR TRANS           | 9   | 79             | 1,190.53           | 15.07       | .012 | 132.28    | .18      |  |
|--------------------------------|-----|----------------|--------------------|-------------|------|-----------|----------|--|
| OTHER TRANS                    | 1   | 20             | 84.42              | 4.22        | .003 | 84.42     | .01      |  |
| OTHER SERVICES                 | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| ACUPUNCTURE                    | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| ADULT DAY HEALTH CARE CTR      | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| GENETIC DISEASE TESTING        | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| OCCUPATIONAL THERAPIST         | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| OPTICIAN                       | 156 | 322            | 2,671.91           | 8.30        | .049 | 17.13     | .41      |  |
| PHYSICAL THERAPIST             | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| PORTABLE X-RAY                 | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| PROSTHETIST/ORTHOTISTS         | 2   | 4              | 657.43             | 164.36      | .001 | 328.72    | .10      |  |
| PROSTHETICS                    | 2   | 4              | 657.43             | 164.36      | .001 | 328.72    | .10      |  |
| ORTHOTICS                      | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| PSYCHOLOGIST                   | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| SPEECH AND AUDIOLOGY           | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| HOSPICE SERVICES               | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| NONINST BIRTHING CENTERS       | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| LOCAL EDUCATION AGENCIES       | 908 | 5 <b>,</b> 831 | 57 <b>,</b> 428.82 | 9.85        | .893 | 63.25     | 8.79     |  |
| EPSDT SUPPLEMENTAL SERVICE     | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| RESPIRATORY CARE PRACT.        | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| PED SUBACUTE REHAB/WEANING     | 0   | 0              | .00                | .00         | .000 | .00       | .00      |  |
| ALL OTHER PROVIDERS            | 4   | 4              | 32.04              | 8.01        | .001 | 8.01      | .00      |  |
| @CALIF. CHILDREN SERVICES*     | 122 | 3,404          | \$<br>104,578.68   | \$<br>30.72 | .521 | \$ 857.20 | \$ 16.01 |  |
| @XOVER EXCLUDING STATE HOSP**  | 0   | 0              | \$<br>.00          | \$<br>.00   | .000 | \$ .00    | \$ .00   |  |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 | PAGE 10,841 |
|----------------------------|---|-------------|
| MOP024                     | FEE-FOR-SERVICE/DENTAL  | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G              |             |

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 09 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,423 2940.556 \$ 26,465 1,060,335.92 40.07 195.53 \$117815.10 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 2,612 6,055 440,542.99 72.76 672.778 \$ 168.66 \$ 48949.22 OUTPATIENT VISITS 2,004 4,513 338,869.01 75.09 501.444 169.10 37652.11 366 378 6,643.36 17.58 42.000 18.15 738.15 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 .00 EMERGENCY ROOM 0 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 1,765 4,135 332,225.65 80.34 459.444 188.23 36913.96 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 Ω .00 .00 .00 EXAMINATIONS .000 .00 0 .00 .00 .000 .00 .00 SERVICES AND MATERIALS 24 463.82 2.667 INPATIENT HOSPITAL SURGERY 15 19.33 30.92 51.54 21 351.05 16.72 2.333 25.08 39.01 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON 1 3 112.77 37.59 .333 112.77 12.53 ANESTHESIOLOGIST 53 5,685.09 88.83 107.27 631.68 OUTPATIENT SURGERY 64 7.111 5.222 PRINCIPAL SURGEON 4,840.76 102.99 110.02 537.86

| ASSISTANT SURGEON          | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
|----------------------------|-------------------------|----------|---------|---------------------|--------|----------|-----------|------|-----------|-----|------------|
| ANESTHESIOLOGIST           | 9                       | 17       |         | 844.33              |        | 49.67    | 1.889     |      | 93.81     |     | 93.81      |
| DIALYSIS                   | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| PATHOLOGY                  | 455                     | 458      |         | 2,969.80            |        | 6.48     | 50.889    |      | 6.53      |     | 329.98     |
| RADIOLOGY                  | 920                     | 987      |         | 91,724.45           |        | 92.93    | 109.667   |      | 99.70     |     | 10191.61   |
| PSYCHIATRY                 | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| IMMUNIZATION AND INJECTION | 5                       | 5        |         | 515.82              |        | 103.16   | .556      |      | 103.16    |     | 57.31      |
| OTHER SERVICES/ALL X-OVERS | 4                       | 4        |         | 315.00              |        | 78.75    | .444      |      | 78.75     |     | 35.00      |
| @PHARMACY                  | 608                     | 1,040    | \$      | 18,007.30           | \$     |          | 115.556   | \$   | 29.62     | \$  | 2000.81    |
| PRESCRIPTION DRUGS         | 591                     | 986      |         | 13,647.63           |        | 13.84    | 109.556   |      | 23.09     |     | 1516.40    |
| SNF/ICF                    | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| OUTPATIENTS                | 591                     | 986      |         | 13,647.63           |        | 13.84    | 109.556   |      | 23.09     |     | 1516.40    |
| MEDICAL SUPPLIES           | 24                      | 54       |         | 4,359.67            |        | 80.73    | 6.000     |      | 181.65    |     | 484.41     |
| @DENTIST                   | 0                       | 0        | \$      | .00                 | \$     | .00      | .000      | \$   | .00       | \$  | .00        |
| VISITS - DIAGNOSTIC        | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| ORAL SURGERY               | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| DRUGS                      | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| ANESTHESIA                 | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| PERIODONTICS               | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| ENDODONTICS                | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| RESTORATIVE DENTISTRY      | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| PROSTHETICS                | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| DENTURES, STAYPLATES       | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| SPACE MAINTAINERS          | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| MAXILLOFACIAL SERVICES     | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| FRACTURES, DISLOCATIONS    | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| ORTHODONTIC SERVICES       | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| ALL OTHER SERVICES         | 0                       | 0        |         | .00                 |        | .00      | .000      |      | .00       |     | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND E | EXPENDIT | 'URES M | IONTH-OF-PAYMENT RE | EPORT  | FOR JAN  | 2004 THRU | DEC  | 2004      | P.  | AGE 10,842 |
| MOP024                     | FEE-FOR-SERVICE/DENTAL  |          |         |                     |        |          |           |      |           |     | 03/14/05   |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FOR | R PRESU  | MPTIVE  | ELIGIBILITY-PREGN   | NANT I | AID CODE | -         |      |           | ~-  |            |
|                            |                         |          |         |                     |        |          | M         | ONTI | hly AVERA | .GE |            |

|                              |       |                  |                 |     |           | M         | PNO. | 'HLY AVERA | GE. |          |
|------------------------------|-------|------------------|-----------------|-----|-----------|-----------|------|------------|-----|----------|
| 09 ELIGIBLES                 | USERS | UNITS OF SERVICE | EXPENDITURES    | AVE | RAGE COST | UNITS/DAY | S    | COST PER   |     | COST PER |
|                              |       | OR DAYS OF CARE  |                 | PER | UNIT/DAY  | PER ELIG  |      | USER       |     | ELIGIBLE |
| @OPTOMETRIST                 | 0     | 0                | \$<br>.00       | \$  | .00       | .000      | \$   | .00        | \$  | .00      |
| DIAGNOSTIC AND ANC. PROCED   | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| EYE APPLIANCES               | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| OTHER OPTOMETRIC SERVICES    | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| @CHIROPRACTOR                | 0     | 0                | \$<br>.00       | \$  | .00       | .000      | \$   | .00        | \$  | .00      |
| VISITS                       | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| OTHER SERVICES               | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| @PODIATRIST                  | 0     | 0                | \$<br>.00       | \$  | .00       | .000      | \$   | .00        | \$  | .00      |
| MEDICINE/INJECTIONS          | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| SURGERY/ANES.                | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| RADIO./PATHOLOGY             | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| OTHER                        | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| @HOME HEALTH AGENCY          | 0     | 0                | \$<br>.00       | \$  | .00       | .000      | \$   | .00        | \$  | .00      |
| NURSE ANESTHESIST            | 0     | 0                | \$<br>.00       | \$  | .00       | .000      | \$   | .00        | \$  | .00      |
| NURSE MIDWIFE                | 9     | 37               | \$<br>1,281.73  | \$  | 34.64     | 4.111     | \$   | 142.41     | \$  | 142.41   |
| PEDIATRIC NURSE PRACTITIONER | 0     | 0                | \$<br>.00       | \$  | .00       | .000      | \$   | .00        | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 0     | 0                | \$<br>.00       | \$  | .00       | .000      | \$   | .00        | \$  | .00      |
| @TOTAL HOSPITAL              | 120   | 278              | \$<br>11,630.75 | \$  | 41.84     | 30.889    | \$   | 96.92      | \$  | 1292.31  |
| HOSP INPATIENT TOTAL         | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| HSC HOSPITALS                | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| NON-HSC HOSPITAL TOTAL       | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |
| ACCOMMODATIONS               | 0     | 0                | .00             |     | .00       | .000      |      | .00        |     | .00      |

| ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |
|--|
| ALL OTHER ACCOM 0 0 0 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |
| ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |
| INPATIENT CROSSOVERS         0         0         .00 |
| ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 120 278 11,630.75 41.84 30.889 96.92 1292.31   |
| HOSP OUTPATIENT TOTAL 120 278 11,630.75 41.84 30.889 96.92 1292.31   |
| ,  |
| MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00  |
|  |
| SURGERY 6 6 257.87 42.98 .667 42.98 28.65  |
| PATHOLOGY 79 134 3,343.59 24.95 14.889 42.32 371.51  |
| RADIOLOGY 20 25 1,537.78 61.51 2.778 76.89 170.86  |
| ROOM USE 28 29 973.37 33.56 3.222 34.76 108.15   |
| CROSSOVERS/ALL OTH OUTPTNT 38 84 5,518.14 65.69 9.333 145.21 613.13  |
| @COUNTY HOSPITAL TOTAL 2 9 \$ 380.67 \$ 42.30 1.000 \$ 190.34 \$ 42.30   |
| CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00  |
| HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00  |
| NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00  |
| ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00   |
| ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00  |
| TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00   |
| ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00  |
| ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00  |
| INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00   |
| ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00  |
| CO HOSP OUTPATIENT TOTAL 2 9 380.67 42.30 1.000 190.34 42.30   |
| MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00  |
| SURGERY 1 1 1 53.15 53.15 .111 53.15 5.91  |
| PATHOLOGY 1 3 163.81 54.60 .333 163.81 18.20   |
| RADIOLOGY 1 1 1 46.69 46.69 .111 46.69 5.19  |
| ROOM USE 2 3 107.91 35.97 .333 53.96 11.99   |
| CROSSOVERS/ALL OTH OUTPTNT 1 1 1 9.11 9.11 9.11 1.01   |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,843   |
| MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05   |
| SACRAMENTO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G   |
| MONTHLY AVERAGE  |
| 09 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER   |
| OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE  |
| @COMMUNITY HOSPITAL TOTAL 118 269 \$ 11,250.08 \$ 41.82 29.889 \$ 95.34 \$ 1250.01   |

|                            |       |                  |                   |              | MON        | THLY AVERAG | ·F         |
|----------------------------|-------|------------------|-------------------|--------------|------------|-------------|------------|
| 09 ELIGIBLES               | USERS | UNITS OF SERVICE | EXPENDITURES      | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER   |
|                            |       | OR DAYS OF CARE  |                   | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL  | 118   | 269 \$           | 11,250.08         | \$ 41.82     | 29.889 \$  | 95.34       | \$ 1250.01 |
| COMM HOSP INPATIENT TOTAL  | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| HSC HOSPITALS              | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| NON-HSC HOSPITALS TOTAL    | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| ACCOMMODATIONS             | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| ADMINISTRATIVE DAYS        | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| TRANSITIONAL IP CARE       | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| ALL OTHER ACCOM            | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| ANCILLARIES                | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| INPATIENT CROSSOVERS       | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| ALL OTHER INPATIENT        | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| COMM HOSP OUTPATIENT TOTAL | 118   | 269              | 11,250.08         | 41.82        | 29.889     | 95.34       | 1250.01    |
| MEDICAL                    | 0     | 0                | .00               | .00          | .000       | .00         | .00        |
| SURGERY                    | 5     | 5                | 204.72            | 40.94        | .556       | 40.94       | 22.75      |
| PATHOLOGY                  | 78    | 131              | 3 <b>,</b> 179.78 | 24.27        | 14.556     | 40.77       | 353.31     |
| RADIOLOGY                  | 19    | 24               | 1,491.09          | 62.13        | 2.667      | 78.48       | 165.68     |
| ROOM USE                   | 26    | 26               | 865.46            | 33.29        | 2.889      | 33.29       | 96.16      |
| CROSSOVERS/ALL OTH OUTPINT | 37    | 83               | 5,509.03          | 66.37        | 9.222      | 148.89      | 612.11     |
| @STATE HOSPITAL            | 0     | 0 \$             | .00               | \$ .00       | .000 \$    | .00         | \$ .00     |

| MENTALLY ILL                 | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
|------------------------------|-----------------|-----------------|--------|--------------------|-------|-----------|-----------|-----|-----------|----|-------------|
| DEVELOP. DISABLED            | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| @NURSING FACILITY            | 0               | 0               | \$     | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00         |
| LEV A-INTERMEDIATE           | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| LEV B-REHAB MD               | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| LEV B-SUBACUTE FREESTANDING  | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| LEV B-SUBACUTE HSPTL BASED   | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| LEV B-TRANSITIONAL IP CARE   | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| LEV B-REGULAR                | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| @INTERMEDIATE CARE FACILDD   | 0               | 0               | \$     | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00         |
| ICF DDH                      | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| ICF DD                       | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| ICF DDN/DDCN                 | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| @HEMODIALYSIS TOTAL          | 0               | 0               | \$     | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00         |
| HOSPITAL BASED               | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| HEMODIALYSIS CENTER          | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| @REHABILITATION FACILITY     | 0               | 0               | \$     | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00         |
| HOSPITAL BASED               | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| INDEPENDENT FACILITY         | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| @LABORATORY FACILITY         | 2,767           | 7,703           | \$     | 172,600.10         | \$    | 22.41     | 855.889   | \$  | 62.38     | \$ | 19177.79    |
| PATHOLOGY                    | 2,767           | 7,703           |        | 172,600.10         |       | 22.41     | 855.889   |     | 62.38     |    | 19177.79    |
| XO AND OTHERS                | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| @ORGANIZED OUTPATIENT CLINIC | 1,939           | 11,067          | \$     | 386,348.05         | \$    | 34.91     | 1229.667  | \$  | 199.25    | \$ | 42927.56    |
| CLINIC                       | 1,787           | 10,836          |        | 360,264.31         |       | 33.25     | 1204.000  |     | 201.60    |    | 40029.37    |
| SURGICENTER                  | 21              | 34              |        | 737.22             |       | 21.68     | 3.778     |     | 35.11     |    | 81.91       |
| HEROIN DETOX CLINIC          | 0               | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00         |
| RURAL HEALTH CLINIC          | 131             | 197             |        | 25,346.52          |       | 128.66    | 21.889    |     | 193.48    |    | 2816.28     |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIC | ES AND EXPENDIT | URES N | MONTH-OF-PAYMENT R | EPORT | FOR JAN   | 2004 THRU | DEC | 2004      | E  | PAGE 10,844 |
| MOP024                       | FEE-FOR-SERVICE | /DENTAL         |        |                    |       |           |           |     |           |    | 03/14/05    |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR PRESU  | MPTIVE | E ELIGIBILITY-PREG | NANT  | AID CODES | 3 7F 7G   |     |           |    |             |
|                              |                 |                 |        |                    |       |           | M         | ONT | HLY AVERA | GΕ |             |
| 09 ELIGIBLES                 | USERS           | UNITS OF SERVI  | CE     | EXPENDITURES       | AVE   | RAGE COST | UNITS/DAY | S   | COST PER  |    | COST PER    |

|                                |     | R DAYS OF CARE |           | PER UNIT/DAY | PER ELIG  | USER   | ELIGIBLE   |
|--------------------------------|-----|----------------|-----------|--------------|-----------|--------|------------|
| @ALL OTHER PROVIDERS           | 285 | 285 \$         | 29,925.00 | \$ 105.00    | 31.667 \$ | 105.00 | \$ 3325.00 |
| DURABLE MED. EQUIP.            | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| BLOOD BANK                     | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| HEARING AID DISPENSERS         | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| MEDICAL TRANSPORTATION         | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| AMBULANCES/AIR TRANS           | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| OTHER TRANS                    | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| OTHER SERVICES                 | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| ACUPUNCTURE                    | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| ADULT DAY HEALTH CARE CTR      | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| GENETIC DISEASE TESTING        | 285 | 285            | 29,925.00 | 105.00       | 31.667    | 105.00 | 3325.00    |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| OCCUPATIONAL THERAPIST         | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| OPTICIAN                       | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| PHYSICAL THERAPIST             | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| PORTABLE X-RAY                 | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| PROSTHETIST/ORTHOTISTS         | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| PROSTHETICS                    | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| ORTHOTICS                      | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| PSYCHOLOGIST                   | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| SPEECH AND AUDIOLOGY           | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| HOSPICE SERVICES               | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| NONINST BIRTHING CENTERS       | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| LOCAL EDUCATION AGENCIES       | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| EPSDT SUPPLEMENTAL SERVICE     | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| RESPIRATORY CARE PRACT.        | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| PED SUBACUTE REHAB/WEANING     | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| ALL OTHER PROVIDERS            | 0   | 0              | .00       | .00          | .000      | .00    | .00        |
| @CALIF. CHILDREN SERVICES*     | 0   | 0 \$           | .00       | \$ .00       | .000 \$   | .00    | \$ .00     |
| @XOVER EXCLUDING STATE HOSP**  | 0   | 0 \$           | .00       | \$ .00       | .000 \$   | .00    | \$ .00     |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,845 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

| SOUMMENT OF SERV | VICES FOR MEDI C | ·AL                                     | TOT                                       | MANDONIA CICOLONIA                        |  | AID CODE   | / 11   |   |  |       |          |
|------------------|------------------|---|---|---|--|--|--|---|--|-------|----------|
|                  |                  |   |   |   |  |  | Mo   | CNC   | THLY AVERA   | GΕ    |          |
| USERS            | UNITS OF SERVIC  | E                                       |   | EXPENDITURES                              | AVE  | RAGE COST  | UNITS/DAY  | S   | COST PER   |       | COST PER |
|                  | OR DAYS OF CAR   | Œ                                       |   |   | PEF  | UNIT/DAY   | PER ELIG   |   | USER   |       | ELIGIBLE |
| 99               | 1,287            | \$                                      | 5   | 17,870.80                                 | \$   | 13.89  | 7.190  | \$  | 180.51   | \$    | 99.84    |
| 0                | 0                | \$                                      | 5   | .00                                       | \$   | .00  | .000   | \$  | .00  | \$    | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
| 0                | 0                |   |   | .00                                       |  | .00  | .000   |   | .00  |       | .00      |
|                  | USERS            | USERS UNITS OF SERVIC<br>OR DAYS OF CAR | USERS UNITS OF SERVICE<br>OR DAYS OF CARE | USERS UNITS OF SERVICE<br>OR DAYS OF CARE | USERS UNITS OF SERVICE OR DAYS OF CARE  99 1,287 \$ 17,870.80 0 0 \$ .00 0 0 .00 | USERS UNITS OF SERVICE OR DAYS OF CARE  99 1,287 \$ 17,870.80 \$ .00 | USERS UNITS OF SERVICE OR DAYS OF CARE OST PER UNIT/DAY  99 1,287 \$ 17,870.80 \$ 13.89  0 0 \$ .00 \$ .00  0 0 .00 .00  0 0 .00 .00  0 0 .00 .0 | USERS UNITS OF SERVICE OR DAYS OF CARE  99 1,287 \$ 17,870.80 \$ 13.89 7.190 0 0 \$ .00 \$ .00 .000 0 0 .00 .00 .00 .000 0 0 .00 .0 | USERS UNITS OF SERVICE OR DAYS OF CARE  99 1,287 \$ 17,870.80 \$ 13.89 7.190 \$ 0 0 \$ .00 .000 \$ .00 .000 \$ .00 .000 \$ .00 .00 | USERS | USERS    |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT HOSPITAL SURGERY   | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
|------------------------------|-----------------|------------|---------|-------|---------------------|--------|-----------|-----------|-----|-----------|------|------------|
| PRINCIPAL SURGEON            | 0               |            | Ö       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| ASSISTANT SURGEON            | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| ANESTHESIOLOGIST             | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| OUTPATIENT SURGERY           | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| PRINCIPAL SURGEON            | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
|                              | 0               |            | 0       |       |                     |        |           |           |     |           |      |            |
| ASSISTANT SURGEON            | •               |            | •       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| ANESTHESIOLOGIST             | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| DIALYSIS                     | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| PATHOLOGY                    | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| RADIOLOGY                    | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| PSYCHIATRY                   | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| IMMUNIZATION AND INJECTION   | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| OTHER SERVICES/ALL X-OVERS   | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| @PHARMACY                    | 29              |            | 180     | \$    | 1,943.99            | \$     | 10.80     | 1.006     | \$  | 67.03     | \$   | 10.86      |
| PRESCRIPTION DRUGS           | 29              |            | 179     |       | 1,858.73            |        | 10.38     | 1.000     |     | 64.09     |      | 10.38      |
| SNF/ICF                      | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| OUTPATIENTS                  | 29              |            | 179     |       | 1,858.73            |        | 10.38     | 1.000     |     | 64.09     |      | 10.38      |
| MEDICAL SUPPLIES             | 1               |            | 1       |       | 85.26               |        | 85.26     | .006      |     | 85.26     |      | .48        |
| @DENTIST                     | 0               |            | 0       | \$    | .00                 | \$     | .00       | .000      | \$  | .00       | \$   | .00        |
| VISITS - DIAGNOSTIC          | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| ORAL SURGERY                 | Û               |            | Ö       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| DRUGS                        | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| ANESTHESIA                   | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| PERIODONTICS                 | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
|                              | 0               |            | 0       |       | .00                 |        |           |           |     | .00       |      |            |
| ENDODONTICS                  | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| RESTORATIVE DENTISTRY        | 0               |            | -       |       |                     |        | .00       | .000      |     |           |      | .00        |
| PROSTHETICS                  | U               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| DENTURES, STAYPLATES         | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| SPACE MAINTAINERS            | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| MAXILLOFACIAL SERVICES       | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| FRACTURES, DISLOCATIONS      | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| ORTHODONTIC SERVICES         | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| ALL OTHER SERVICES           | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVIC | ES AND EXP | ENDITUR | RES N | MONTH-OF-PAYMENT RE | PORT   | FOR JAN 2 | 2004 THRU | DEC | 2004      | PΙ   | AGE 10,846 |
| MOP024                       | FEE-FOR-SERVICE | /DENTAL    |         |       |                     |        |           |           |     |           |      | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR I | MEDI-CA | JT L  | JBERCULOSIS PROGRAM | I      | AID CODE  | 7H        |     |           |      |            |
|                              |                 |            |         |       |                     |        |           | M         | ONT | HLY AVERA | GE - |            |
| 179 ELIGIBLES                | USERS           | UNITS OF   | SERVICE | 1     | EXPENDITURES        | AVE:   | RAGE COST | UNITS/DAY | S   | COST PER  | (    | COST PER   |
|                              |                 | OR DAYS    | OF CARE | 1     |                     | PER    | UNIT/DAY  | PER ELIG  |     | USER      | Ι    | ELIGIBLE   |
| @OPTOMETRIST                 | 0               |            | 0       | \$    | .00                 | \$     | .00       | .000      | \$  | .00       | \$   | .00        |
| DIAGNOSTIC AND ANC. PROCED   | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| EYE APPLIANCES               | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| OTHER OPTOMETRIC SERVICES    | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| @CHIROPRACTOR                | 0               |            | 0       | \$    | .00                 | \$     | .00       | .000      | \$  | .00       | \$   | .00        |
| VISITS                       | 0               |            | 0       | 7     | .00                 | т.     | .00       | .000      | 7   | .00       | т.   | .00        |
| OTHER SERVICES               | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| @PODIATRIST                  | 0               |            | 0       | \$    | .00                 | \$     | .00       | .000      | \$  |           | \$   | .00        |
| MEDICINE/INJECTIONS          | 0               |            | 0       | Y     | .00                 | Ÿ      | .00       | .000      | Y   | .00       | Y    | .00        |
| SURGERY/ANES.                | 0               |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
|                              | 0               |            |         |       |                     |        |           |           |     |           |      |            |
| RADIO./PATHOLOGY             |                 |            | 0       |       | .00                 |        | .00       | .000      |     | .00       |      | .00        |
| OTHER                        | 0               |            | 0       | ċ     | .00                 | Ċ      | .00       | .000      | ċ   | .00       | ċ    | .00        |
| @HOME HEALTH AGENCY          | 0               |            | 0       | \$    | .00                 | ې<br>د | .00       | .000      | \$  | .00       | Ş    | .00        |
| NURSE ANESTHESIST            | 0               |            | 0       | \$    | .00                 | \$     | .00       | .000      | \$  | .00       | \$   | .00        |
| NURSE MIDWIFE                | 0               |            | 0       | \$    | .00                 | \$     | .00       | .000      | \$  | .00       | \$   | .00        |
| PEDIATRIC NURSE PRACTITIONER | 0               |            | 0       | \$    | .00                 | \$     | .00       | .000      | \$  | .00       | \$   | .00        |
|                              |                 |            |         |       |                     |        |           |           |     |           |      |            |

| FAMILY NURSE PRACTITIONER   | 0               | 0 \$                     | .00               | \$ .00          | .000 \$      | .00        | \$ .00      |
|-----------------------------|-----------------|--------------------------|-------------------|-----------------|--------------|------------|-------------|
| @TOTAL HOSPITAL             | 0               | 0 \$                     | .00               | \$ .00          | .000 \$      | .00        | \$ .00      |
|                             | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| HOSP INPATIENT TOTAL        | 0               |                          |                   |                 |              |            |             |
| HSC HOSPITALS               | U               | 0                        | .00               | .00             | .000         | .00        | .00         |
| NON-HSC HOSPITAL TOTAL      | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ACCOMMODATIONS              | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| TRANSITIONAL IP CARE        | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
|                             | 0               | 0                        |                   |                 |              |            |             |
| ALL OTHER ACCOM             | Ū               | U                        | .00               | .00             | .000         | .00        | .00         |
| ANCILLARIES                 | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| INPATIENT CROSSOVERS        | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ALL OTHER INPATIENT         | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| HOSP OUTPATIENT TOTAL       | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| MEDICAL                     | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
|                             | 0               | 0                        |                   |                 |              |            |             |
| SURGERY                     | U               | 0                        | .00               | .00             | .000         | .00        | .00         |
| PATHOLOGY                   | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| RADIOLOGY                   | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ROOM USE                    | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPINT  | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| @COUNTY HOSPITAL TOTAL      | 0               | 0 \$                     | .00               | \$ .00          | .000 \$      |            |             |
| CO HOSPITAL INPATIENT TOTAL | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
|                             | 0               | 0                        |                   |                 |              |            |             |
| HSC HOSPITALS               | U               | 0                        | .00               | .00             | .000         | .00        | .00         |
| NON-HSC HOSPITALS TOTAL     | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ACCOMMODATIONS              | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| TRANSITIONAL IP CARE        | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ALL OTHER ACCOM             | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ANCILLARIES                 | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
|                             | 0               | 0                        |                   |                 |              |            |             |
| INPATIENT CROSSOVERS        | U               | U                        | .00               | .00             | .000         | .00        | .00         |
| ALL OTHER INPATIENT         | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| CO HOSP OUTPATIENT TOTAL    | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| MEDICAL                     | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| SURGERY                     | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| PATHOLOGY                   | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| RADIOLOGY                   | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
|                             | 0               | 0                        |                   |                 |              |            |             |
| ROOM USE                    | U               | 0                        | .00               | .00             | .000         | .00        | .00         |
| CROSSOVERS/ALL OTH OUTPTNT  | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIO | CES AND EXPENDITURES MON | NTH-OF-PAYMENT RE | EPORT FOR JAN 2 | 2004 THRU DE | C 2004     | PAGE 10,847 |
| MOP024                      | FEE-FOR-SERVICE | E/DENTAL                 |                   |                 |              |            | 03/14/05    |
| SACRAMENTO COUNTY           | SUMMARY OF SERV | JICES FOR MEDI-CAL TUBE  | ERCULOSIS PROGRAM | AID CODE        | 7H           |            |             |
|                             |                 |                          |                   |                 | MON          | THLY AVERA | GE          |
| 179 ELIGIBLES               | USERS           | UNITS OF SERVICE         | EXPENDITURES      | AVERAGE COST    |              |            | COST PER    |
| 179 HHIGIDHHO               | OBLIG           | OR DAYS OF CARE          | LMI LINDI I OICLO | PER UNIT/DAY    | ,            | USER       | ELIGIBLE    |
|                             | 0               |                          | 0.0               |                 |              |            |             |
| @COMMUNITY HOSPITAL TOTAL   | 0               | 0 \$                     | .00               | \$ .00          | .000 \$      |            |             |
| COMM HOSP INPATIENT TOTAL   | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| HSC HOSPITALS               | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| NON-HSC HOSPITALS TOTAL     | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ACCOMMODATIONS              | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ADMINISTRATIVE DAYS         | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| TRANSITIONAL IP CARE        | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
|                             | 0               | 0                        |                   |                 |              |            |             |
| ALL OTHER ACCOM             | U               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ANCILLARIES                 | U               | O                        | .00               | .00             | .000         | .00        | .00         |
| INPATIENT CROSSOVERS        | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| ALL OTHER INPATIENT         | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| COMM HOSP OUTPATIENT TOTAL  | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
| MEDICAL                     | 0               | 0                        | .00               | .00             | .000         | .00        | .00         |
|                             | 9               | Ŭ                        | • • •             | • • • •         | • • • • •    | • • • •    | • • • •     |

| SURGERY                        | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
|--------------------------------|------------------|-----------------|--------|--------------------|-------|-----------|-----------|-----|-----------|----|------------|
| PATHOLOGY                      | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| RADIOLOGY                      | n                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ROOM USE                       | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
|                                | 0                | 0               |        |                    |       |           |           |     |           |    | .00        |
| CROSSOVERS/ALL OTH OUTPTNT     | U                |                 |        | .00                |       | .00       | .000      |     | .00       |    |            |
| @STATE HOSPITAL                | Ü                | 0               | \$     | .00                | \$    | .00       | .000      | Ş   | .00       | \$ | .00        |
| MENTALLY ILL                   | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| DEVELOP. DISABLED              | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @NURSING FACILITY              | 0                | 0               | \$     | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00        |
| LEV A-INTERMEDIATE             | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| LEV B-REHAB MD                 | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| LEV B-SUBACUTE FREESTANDING    | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
|                                | 0                | 0               |        |                    |       |           |           |     |           |    |            |
| LEV B-SUBACUTE HSPTL BASED     | U                | U               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| LEV B-TRANSITIONAL IP CARE     | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| LEV B-REGULAR                  | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @INTERMEDIATE CARE FACILDD     | 0                | 0               | \$     | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00        |
| ICF DDH                        | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ICF DD                         | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ICF DDN/DDCN                   | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
|                                | 0                |                 | Ċ      |                    | Ċ     |           |           | Ċ   |           | Ċ  |            |
| @HEMODIALYSIS TOTAL            | U                | 0               | \$     | .00                | \$    | .00       | .000      | Ş   | .00       | \$ | .00        |
| HOSPITAL BASED                 | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| HEMODIALYSIS CENTER            | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @REHABILITATION FACILITY       | 0                | 0               | \$     | .00                | \$    | .00       | .000      | \$  | .00       | \$ | .00        |
| HOSPITAL BASED                 | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| INDEPENDENT FACILITY           | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @LABORATORY FACILITY           | 62               | 470             | \$     | 3,450.98           | \$    | 7.34      | 2.626     | \$  | 55.66     | \$ | 19.28      |
|                                | 62               | 470             | ۲      |                    | ۲     |           |           | ې   | 55.66     | Ą  |            |
| PATHOLOGY                      |                  |                 |        | 3,450.98           |       | 7.34      | 2.626     |     |           |    | 19.28      |
| XO AND OTHERS                  | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC   | 22               | 637             | \$     | 12,475.83          | \$    | 19.59     | 3.559     | \$  | 567.08    | \$ | 69.70      |
| CLINIC                         | 21               | 636             |        | 12,225.66          |       | 19.22     | 3.553     |     | 582.17    |    | 68.30      |
| SURGICENTER                    | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| HEROIN DETOX CLINIC            | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| RURAL HEALTH CLINIC            | 1                | 1               |        | 250.17             |       | 250.17    | .006      |     | 250.17    |    | 1.40       |
| #CALIF DEPT OF HEALTH SERV     | <del>=</del>     | =               | ו סבכו | MONTH-OF-PAYMENT R |       |           |           | DEC |           | D  | AGE 10,848 |
|                                |                  |                 | KES I  | MONIH-OF-PAIMENI R | EPURI | FOR JAN 2 | 2004 IRU  | DEC | 2004      | PI |            |
| MOP024                         | FEE-FOR-SERVICE, |                 |        |                    |       |           | =         |     |           |    | 03/14/05   |
| SACRAMENTO COUNTY              | SUMMARY OF SERV  | ICES FOR MEDI-C | AL T   | UBERCULOSIS PROGRA | M     | AID CODE  |           |     |           |    |            |
|                                |                  |                 |        |                    |       |           | M         |     | HLY AVERA |    |            |
| 179 ELIGIBLES                  | USERS            | UNITS OF SERVIC | E      | EXPENDITURES       | AVE   | RAGE COST | UNITS/DAY | S   | COST PER  | (  | COST PER   |
|                                |                  | OR DAYS OF CAR  | Œ      |                    | PER   | UNIT/DAY  | PER ELIG  | ;   | USER      | Ι  | ELIGIBLE   |
| @ALL OTHER PROVIDERS           | 0                | 0               | \$     | .00                | \$    | .00       | .000      |     | .00       | \$ | .00        |
| DURABLE MED. EQUIP.            | 0                | 0               | 7      | .00                | т.    | .00       | .000      | 7   | .00       | т  | .00        |
| BLOOD BANK                     | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
|                                | 0                | 0               |        |                    |       |           |           |     |           |    |            |
| HEARING AID DISPENSERS         | U                | U               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| MEDICAL TRANSPORTATION         | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| AMBULANCES/AIR TRANS           | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OTHER TRANS                    | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OTHER SERVICES                 | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ACUPUNCTURE                    | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| ADULT DAY HEALTH CARE CTR      | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| GENETIC DISEASE TESTING        | 0                | 0               |        | .00                |       |           | .000      |     | .00       |    | .00        |
|                                |                  | · ·             |        |                    |       | .00       |           |     |           |    |            |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OCCUPATIONAL THERAPIST         | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| OPTICIAN                       | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| PHYSICAL THERAPIST             | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| PORTABLE X-RAY                 | 0                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| PROSTHETIST/ORTHOTISTS         | Ő                | 0               |        | .00                |       | .00       | .000      |     | .00       |    | .00        |
| 110011111101/01(111011011)     | O                | 9               |        | .00                |       | .00       | .000      |     | .00       |    | • 0 0      |

| PROSTHETICS                          | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
|--------------------------------------|---------------|---|-------------|-----|-----------|------|-----------|-----------|
| ORTHOTICS                            | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| PSYCHOLOGIST                         | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| SPEECH AND AUDIOLOGY                 | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| HOSPICE SERVICES                     | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| NONINST BIRTHING CENTERS             | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| LOCAL EDUCATION AGENCIES             | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| EPSDT SUPPLEMENTAL SERVICE           | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| RESPIRATORY CARE PRACT.              | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| PED SUBACUTE REHAB/WEANING           | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| ALL OTHER PROVIDERS                  | 0             | 0 |             | .00 | .00       | .000 | .00       | .00       |
| @CALIF. CHILDREN SERVICES*           | 0             | 0 | \$          | .00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| @XOVER EXCLUDING STATE HOSP**        | 0             | 0 | \$          | .00 | \$<br>.00 | .000 | \$<br>.00 | \$<br>.00 |
| A* MOMAIC IN MURCE IINEC ADE CIVEN A | a v chuvuvur. |   | THEM ONITY. |     |           |      |           |           |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,849 FEE-FOR-SERVICE/DENTAL

03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

|                       |       |                  |    |              |              | MON        | ITHLY AVERA | GE        |
|-----------------------|-------|------------------|----|--------------|--------------|------------|-------------|-----------|
| 2,871 ELIGIBLES       | USERS | UNITS OF SERVICE | 2  | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER  |
|                       |       | OR DAYS OF CARE  | 2  |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS | 2,215 | 12,241           | \$ | 975,945.59   | \$ 79.73     | 4.264      | 440.61      | \$ 339.93 |
| @PHYSICIANS SERVICES  | 931   | 3,517            | \$ | 245,769.89   | \$ 69.88     | 1.225 \$   | 263.98      | \$ 85.60  |
| OUTPATIENT VISITS     | 451   | 1,033            |    | 53,733.68    | 52.02        | .360       | 119.14      | 18.72     |
| OFFICE VISITS         | 80    | 90               |    | 5,379.48     | 59.77        | .031       | 67.24       | 1.87      |
| HOME VISITS           | 0     | 0                |    | .00          | .00          | .000       | .00         | .00       |
| EMERGENCY ROOM        | 46    | 52               |    | 3,334.18     | 64.12        | .018       | 72.48       | 1.16      |
| PREVENTIVE CARE       | 1     | 1                |    | 34.69        | 34.69        | .000       | 34.69       | .01       |
| OB VISITS/COMPRE PERI | 349   | 879              |    | 44,682.94    | 50.83        | .306       | 128.03      | 15.56     |
| OTHER OUTPATIENT      | 9     | 11               |    | 302.39       | 27.49        | .004       | 33.60       | .11       |
| INPATIENT VISITS      | 106   | 318              |    | 15,503,35    | 48.75        | .111       | 146.26      | 5.40      |

| HOSPITAL VISITS            | 105                 | 289           |       | 12,094.75           |       | 41.85   | .101      |     | 115.19  |    | 4.21       |
|----------------------------|---------------------|---------------|-------|---------------------|-------|---------|-----------|-----|---------|----|------------|
| CRITICAL CARE              | 3                   | 29            |       | 3,408.60            |       | 117.54  | .010      |     | 1136.20 |    | 1.19       |
| SNF/ICF/TRANS IP CARE      | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| OPHTHALMOLOGICAL SERVICES  | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| EXAMINATIONS               | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| SERVICES AND MATERIALS     | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| INPATIENT HOSPITAL SURGERY | 162                 | 710           |       | 105,671.19          |       | 148.83  | .247      |     | 652.29  |    | 36.81      |
| PRINCIPAL SURGEON          | 109                 | 133           |       | 88,627.78           |       | 666.37  | .046      |     | 813.10  |    | 30.87      |
| ASSISTANT SURGEON          | 13                  | 13            |       | 2,424.50            |       | 186.50  | .005      |     | 186.50  |    | .84        |
| ANESTHESIOLOGIST           | 74                  | 564           |       | 14,618.91           |       | 25.92   | .196      |     | 197.55  |    | 5.09       |
| OUTPATIENT SURGERY         | 155                 | 284           |       | 27,795.78           |       | 97.87   | .099      |     | 179.33  |    | 9.68       |
| PRINCIPAL SURGEON          | 142                 | 182           |       | 23,400.45           |       | 128.57  | .063      |     | 164.79  |    | 8.15       |
| ASSISTANT SURGEON          | 1                   | 1             |       | 186.50              |       | 186.50  | .000      |     | 186.50  |    | .06        |
| ANESTHESIOLOGIST           | 73                  | 101           |       | 4,208.83            |       | 41.67   | .035      |     | 57.66   |    | 1.47       |
| DIALYSIS                   | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| PATHOLOGY                  | 121                 | 215           |       | 2,022.48            |       | 9.41    | .075      |     | 16.71   |    | .70        |
| RADIOLOGY                  | 336                 | 418           |       | 32,760.85           |       | 78.38   | .146      |     | 97.50   |    | 11.41      |
| PSYCHIATRY                 | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| IMMUNIZATION AND INJECTION | 121                 | 379           |       | 4,376.65            |       | 11.55   | .132      |     | 36.17   |    | 1.52       |
| OTHER SERVICES/ALL X-OVERS | 75                  | 160           |       | 3,905.91            |       | 24.41   | .056      |     | 52.08   |    | 1.36       |
| @PHARMACY                  | 362                 | 733           | \$    | 16,468.07           | \$    | 22.47   | .255      | \$  | 45.49   | \$ | 5.74       |
| PRESCRIPTION DRUGS         | 361                 | 717           |       | 16,290.62           |       | 22.72   | .250      |     | 45.13   |    | 5.67       |
| SNF/ICF                    | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| OUTPATIENTS                | 361                 | 717           |       | 16,290.62           |       | 22.72   | .250      |     | 45.13   |    | 5.67       |
| MEDICAL SUPPLIES           | 4                   | 16            |       | 177.45              |       | 11.09   | .006      |     | 44.36   |    | .06        |
| @DENTIST                   | 1                   | 8             | \$    | 36.00               | \$    | 4.50    | .003      | \$  | 36.00   | \$ | .01        |
| VISITS - DIAGNOSTIC        | 1                   | 8             |       | 36.00               |       | 4.50    | .003      |     | 36.00   |    | .01        |
| ORAL SURGERY               | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| DRUGS                      | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| ANESTHESIA                 | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| PERIODONTICS               | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| ENDODONTICS                | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| RESTORATIVE DENTISTRY      | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| PROSTHETICS                | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| DENTURES, STAYPLATES       | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| SPACE MAINTAINERS          | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| ORTHODONTIC SERVICES       | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| ALL OTHER SERVICES         | 0                   | 0             |       | .00                 |       | .00     | .000      |     | .00     |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES A | ND EXPENDITUR | RES M | MONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004    | P  | AGE 10,850 |
| MOP024                     | FEE-FOR-SERVICE/DEN | TAL           |       |                     |       |         |           |     |         |    | 03/14/05   |
|                            |                     |               |       |                     |       |         |           |     |         |    |            |

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

2,871 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER .00 @OPTOMETRIST 0 .00 .000 \$ .00 \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$ .00 .00 \$ .000 \$ .00 VISITS 0 .00 .00 .000 .00 .00 .000 OTHER SERVICES .00 .00 .00 .00 0 .00 \$ .00 \$ @PODIATRIST .00 .000 \$ .00 0 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00

----- MONTHLY AVERAGE -----

| RADIO./PATHOLOGY             | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
|------------------------------|-----------------|------------------------|------------------|-------|-------------|-------------|--------------|-------|------------|
| OTHER                        | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| @HOME HEALTH AGENCY          | 0               | 0 \$                   | .00              | \$    | .00         | .000        |              | Ś     | .00        |
| NURSE ANESTHESIST            | 3               | 26 \$                  | 490.64           | \$    | 18.87       | .009        |              | \$    | .17        |
| NURSE MIDWIFE                | 1               | 3 \$                   | 184.20           | Ś     | 61.40       | .001        |              | Ś     | .06        |
| PEDIATRIC NURSE PRACTITIONER | 0               | 0 \$                   | .00              | Ċ     | .00         | .000        |              | \$    | .00        |
|                              | 0               | 0 \$                   | .00              | Ś     |             | .000        |              |       | .00        |
| FAMILY NURSE PRACTITIONER    | •               | - 1                    |                  |       | .00         |             |              | \$    |            |
| @TOTAL HOSPITAL              | 483             | 2,587 \$               | 522,833.02       | \$    | 202.10      | .901        |              | \$    | 182.11     |
| HOSP INPATIENT TOTAL         | 123             | 357                    | 480,421.71       |       | 1345.72     | .124        | 3905.87      |       | 167.34     |
| HSC HOSPITALS                | 119             | 349                    | 470,322.52       |       | 1347.63     | .122        | 3952.29      |       | 163.82     |
| NON-HSC HOSPITAL TOTAL       | 4               | 8                      | 10,099.19        |       | 1262.40     | .003        | 2524.80      |       | 3.52       |
| ACCOMMODATIONS               | 4               | 8                      | 3,264.40         |       | 408.05      | .003        | 816.10       |       | 1.14       |
| ADMINISTRATIVE DAYS          | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| TRANSITIONAL IP CARE         | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ALL OTHER ACCOM              | 4               | 8                      | 3,264.40         |       | 408.05      | .003        | 816.10       |       | 1.14       |
| ANCILLARIES                  | 4               | 0                      | 6,834.79         |       | .00         | .000        | 1708.70      |       | 2.38       |
| INPATIENT CROSSOVERS         | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ALL OTHER INPATIENT          | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| HOSP OUTPATIENT TOTAL        | 428             | 2,230                  | 42,411.31        |       | 19.02       | .777        | 99.09        |       | 14.77      |
| MEDICAL                      | 25              | 2 <b>,</b> 230<br>27   | 1,243.02         |       | 46.04       | .009        | 49.72        |       | .43        |
|                              | 51              |                        |                  |       |             |             |              |       |            |
| SURGERY                      |                 | 79                     | 2,303.24         |       | 29.15       | .028        | 45.16        |       | .80        |
| PATHOLOGY                    | 192             | 743                    | 10,169.33        |       | 13.69       | .259        | 52.97        |       | 3.54       |
| RADIOLOGY                    | 61              | 70                     | 5,278.68         |       | 75.41       | .024        | 86.54        |       | 1.84       |
| ROOM USE                     | 190             | 268                    | 11,193.70        |       | 41.77       | .093        | 58.91        |       | 3.90       |
| CROSSOVERS/ALL OTH OUTPTNT   | 244             | 1,043                  | 12,223.34        |       | 11.72       | .363        | 50.10        |       | 4.26       |
| @COUNTY HOSPITAL TOTAL       | 27              | 217 \$                 | 6,453.36         | \$    | 29.74       | .076        |              | \$    | 2.25       |
| CO HOSPITAL INPATIENT TOTAL  | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| HSC HOSPITALS                | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| NON-HSC HOSPITALS TOTAL      | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ACCOMMODATIONS               | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ADMINISTRATIVE DAYS          | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| TRANSITIONAL IP CARE         | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ALL OTHER ACCOM              | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ANCILLARIES                  | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| INPATIENT CROSSOVERS         | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ALL OTHER INPATIENT          | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| CO HOSP OUTPATIENT TOTAL     | 27              | 217                    | 6,453.36         |       | 29.74       | .076        | 239.01       |       | 2.25       |
|                              | 1               | 1                      | 128.57           |       |             | .000        |              |       | .04        |
| MEDICAL                      |                 |                        |                  |       | 128.57      |             | 128.57       |       |            |
| SURGERY                      | 16              | 25                     | 767.75           |       | 30.71       | .009        | 47.98        |       | .27        |
| PATHOLOGY                    | 15              | 82                     | 1,640.52         |       | 20.01       | .029        | 109.37       |       | .57        |
| RADIOLOGY                    | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| ROOM USE                     | 15              | 50                     | 3,147.38         |       | 62.95       | .017        | 209.83       |       | 1.10       |
| CROSSOVERS/ALL OTH OUTPTNT   | 21              | 59                     | 769.14           |       | 13.04       | .021        | 36.63        |       | .27        |
|                              |                 | ES AND EXPENDITURES MC | NTH-OF-PAYMENT R | REPOR | T FOR JAN : | 2004 THRU 1 | DEC 2004     | PP    | AGE 10,851 |
| MOP024                       | FEE-FOR-SERVICE | /DENTAL                |                  |       |             |             |              |       | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR MINOR CONSEN  | T AID CODES AID  | CODE  | S 7M 7P 7R  | 7N          |              |       |            |
|                              |                 |                        |                  |       |             | Mo          | ONTHLY AVERA | .GE - |            |
| 2,871 ELIGIBLES              | USERS           | UNITS OF SERVICE       | EXPENDITURES     | AV    | ERAGE COST  | UNITS/DAY   | S COST PER   | (     | COST PER   |
|                              |                 | OR DAYS OF CARE        |                  | PΕ    | R UNIT/DAY  | PER ELIG    | USER         | F     | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL    | 457             | 2 <b>,</b> 370 \$      | 516,379.66       | \$    | 217.88      | .825        | \$ 1129.93   | \$    | 179.86     |
| COMM HOSP INPATIENT TOTAL    | 123             | 357                    | 480,421.71       |       | 1345.72     | .124        | 3905.87      |       | 167.34     |
| HSC HOSPITALS                | 119             | 349                    | 470,322.52       |       | 1347.63     | .122        | 3952.29      |       | 163.82     |
| NON-HSC HOSPITALS TOTAL      | 4               | 8                      | 10,099.19        |       | 1262.40     | .003        | 2524.80      |       | 3.52       |
| ACCOMMODATIONS               | 4               | 8                      | 3,264.40         |       | 408.05      | .003        | 816.10       |       | 1.14       |
| ADMINISTRATIVE DAYS          | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| TRANSITIONAL IP CARE         | 0               | 0                      | .00              |       | .00         | .000        | .00          |       | .00        |
| 114110111011111 11 011111    | V               | Ŭ                      | .00              |       | • • • •     | • 0 0 0     | • • • •      |       | • • • •    |

| ALL OTHER ACCOM              | 4               | 8               |          | 3,264.40           |          | 408.05     | .003      |          | 816.10  |          | 1.14       |
|------------------------------|-----------------|-----------------|----------|--------------------|----------|------------|-----------|----------|---------|----------|------------|
| ANCILLARIES                  | 4               | 0               |          | 6,834.79           |          | .00        | .000      |          | 1708.70 |          | 2.38       |
| INPATIENT CROSSOVERS         | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| ALL OTHER INPATIENT          | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| COMM HOSP OUTPATIENT TOTAL   | 401             | 2,013           |          | 35,957.95          |          | 17.86      | .701      |          | 89.67   |          | 12.52      |
| MEDICAL                      | 24              | 26              |          | 1,114.45           |          | 42.86      | .009      |          | 46.44   |          | .39        |
| SURGERY                      | 35              | 54              |          | 1,535.49           |          | 28.44      | .019      |          | 43.87   |          | .53        |
| PATHOLOGY                    | 177             | 661             |          | 8,528.81           |          | 12.90      | .230      |          | 48.19   |          | 2.97       |
| RADIOLOGY                    | 61              | 70              |          | 5,278.68           |          | 75.41      | .024      |          | 86.54   |          | 1.84       |
| ROOM USE                     | 175             | 218             |          | 8,046.32           |          | 36.91      | .076      |          | 45.98   |          | 2.80       |
| CROSSOVERS/ALL OTH OUTPTNT   | 223             | 984             |          | 11,454.20          |          | 11.64      | .343      |          | 51.36   |          | 3.99       |
| @STATE HOSPITAL              | 0               | 0               | \$       | .00                | \$       | .00        |           | \$       | .00     | Ś        | .00        |
| MENTALLY ILL                 | 0               | 0               | 7        | .00                | -        | .00        | .000      | -1       | .00     | т        | .00        |
| DEVELOP. DISABLED            | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| @NURSING FACILITY            | 0               | 0               | \$       | .00                | Ś        | .00        | .000      | \$       | .00     | Ś        | .00        |
| LEV A-INTERMEDIATE           | 0               | Ő               | т        | .00                | Ψ        | .00        | .000      | т        | .00     | т        | .00        |
| LEV B-REHAB MD               | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| LEV B-SUBACUTE FREESTANDING  | •               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| LEV B-REGULAR                | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| @INTERMEDIATE CARE FACILDD   | 0               | 0               | \$       | .00                | \$       | .00        | .000      | \$       | .00     | Ċ        | .00        |
| ICF DDH                      | 0               | 0               | Ÿ        | .00                | Ÿ        | .00        | .000      | Y        | .00     | Y        | .00        |
| ICF DD                       | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| ICF DDN/DDCN                 | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| @HEMODIALYSIS TOTAL          | 0               | 0               | \$       | .00                | Ś        | .00        | .000      | Ś        | .00     | Ś        | .00        |
| HOSPITAL BASED               | 0               | 0               | Ą        | .00                | Ą        | .00        | .000      | ې        | .00     | Ą        | .00        |
|                              | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          |            |
| HEMODIALYSIS CENTER          | 0               | 0               | \$       | .00                | \$       | .00        | .000      | \$       |         | \$       | .00        |
| @REHABILITATION FACILITY     | 0               | 0               | Ą        |                    | Ą        |            |           | Þ        |         | Ş        |            |
| HOSPITAL BASED               | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| INDEPENDENT FACILITY         | •               | •               | <u> </u> | .00                | <u> </u> | .00        | .000      | <u>^</u> | .00     | <u> </u> | .00        |
| @LABORATORY FACILITY         | 568             | 1,484           | \$       | 20,988.79          | \$       | 14.14      | .517      | \$       | 36.95   | \$       | 7.31       |
| PATHOLOGY                    | 568             | 1,484           |          | 20,988.79          |          | 14.14      | .517      |          | 36.95   |          | 7.31       |
| XO AND OTHERS                | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 805             | 3,778           | \$       | 158,738.52         | \$       | 42.02      |           | \$       | 197.19  | Ş        | 55.29      |
| CLINIC                       | 768             | 3,634           |          | 149,246.78         |          | 41.07      | 1.266     |          | 194.33  |          | 51.98      |
| SURGICENTER                  | 15              | 98              |          | 2,615.17           |          | 26.69      | .034      |          | 174.34  |          | .91        |
| HEROIN DETOX CLINIC          | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| RURAL HEALTH CLINIC          | 22              | 46              |          | 6,876.57           |          | 149.49     | .016      |          | 312.57  |          | 2.40       |
| #CALIF DEPT OF HEALTH SERV   |                 |                 | JRES     | MONTH-OF-PAYMENT F | REPORT   | FOR JAN 2  | 2004 THRU | DEC      | 2004    | PF       | AGE 10,852 |
| MOP024                       | FEE-FOR-SERVICE | ,               |          |                    |          |            |           |          |         |          | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR MINOR  | CONS     | ENT AID CODES AID  | CODES    | 3 /M /P /R |           |          |         | ~-       |            |
|                              |                 |                 |          |                    |          |            | M         |          |         |          |            |
| 2,871 ELIGIBLES              | USERS           | UNITS OF SERVIC |          | EXPENDITURES       |          | CRAGE COST |           |          |         |          | COST PER   |
|                              |                 | OR DAYS OF CAR  |          |                    |          | R UNIT/DAY |           |          | USER    |          | ELIGIBLE   |
| @ALL OTHER PROVIDERS         | 83              | 105             | \$       | 10,436.46          | \$       | 99.39      | .037      | \$       | 125.74  | \$       | 3.64       |
| DURABLE MED. EQUIP.          | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| BLOOD BANK                   | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| HEARING AID DISPENSERS       | 0               | 0               |          | .00                |          | .00        | .000      |          | .00     |          | .00        |
| MEDICAL TRANSPORTATION       | 7               | 27              |          | 2,267.76           |          | 83.99      | .009      |          | 323.97  |          | .79        |
| AMBULANCES/AIR TRANS         | 6               | 26              |          | 467.76             |          | 17.99      | .009      |          | 77.96   |          | .16        |
| OMITED MEDING                | ^               | ^               |          | 0.0                |          | 0.0        | 000       |          | 0.0     |          | 0.0        |

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OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
|--------------------------------|---|----|--------------|-------------|------|--------------|-----------|
| OCCUPATIONAL THERAPIST         | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| OPTICIAN                       | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| PHYSICAL THERAPIST             | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| PORTABLE X-RAY                 | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| PROSTHETIST/ORTHOTISTS         | 1 | 1  | 83.70        | 83.70       | .000 | 83.70        | .03       |
| PROSTHETICS                    | 1 | 1  | 83.70        | 83.70       | .000 | 83.70        | .03       |
| ORTHOTICS                      | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| PSYCHOLOGIST                   | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| SPEECH AND AUDIOLOGY           | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| HOSPICE SERVICES               | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| NONINST BIRTHING CENTERS       | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| LOCAL EDUCATION AGENCIES       | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| EPSDT SUPPLEMENTAL SERVICE     | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| RESPIRATORY CARE PRACT.        | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| PED SUBACUTE REHAB/WEANING     | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| ALL OTHER PROVIDERS            | 0 | 0  | .00          | .00         | .000 | .00          | .00       |
| @CALIF. CHILDREN SERVICES*     | 1 | 10 | \$<br>271.40 | \$<br>27.14 | .003 | \$<br>271.40 | \$<br>.09 |
| @XOVER EXCLUDING STATE HOSP**  | 0 | 0  | \$<br>.00    | \$<br>.00   | .000 | \$<br>.00    | \$<br>.00 |
|                                |   |    |              |             |      |              |           |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,853
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----10,205 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 225.09 \$ @TOTAL, ALL PROVIDERS 8,168 40,241 1,838,527.21 45.69 3.943 \$ 180.16 @PHYSICIANS SERVICES 1,685 4,760 291,047.97 61.14 .466 \$ 172.73 \$ 28.52 51.59 OUTPATIENT VISITS 1,169 1,452 60,303.85 41.53 .142 5.91 OFFICE VISITS 693 816 29,803.54 36.52 .080 43.01 2.92 HOME VISITS 2 2 67.49 33.75 .000 33.75 .01 18,208.14 EMERGENCY ROOM 302 334 54.52 .033 60.29 1 1 40.20 40.20 .000 40.20 .00 PREVENTIVE CARE 75 164 8,318.36 50.72 .016 110.91 OB VISITS/COMPRE PERI .82 127 OTHER OUTPATIENT 135 3,866.12 28.64 .013 30.44 .38 117 675 108.38 625.29 INPATIENT VISITS 73,158.40 .066 93 386 21,835.47 56.57 .038 234.79 HOSPITAL VISITS 2.14 CRITICAL CARE 276 50,915.33 184.48 .027 1497.51 4.99 13 31.35 203.80 SNF/ICF/TRANS IP CARE 407.60 .001 .04 1,299.55 19 27 48.13 .003 68.40 OPHTHALMOLOGICAL SERVICES .13 1,184.55 EXAMINATIONS 17 24 49.36 .002 69.68 .12 38.33 3 3 38.33 .000 .01 SERVICES AND MATERIALS 115.00 INPATIENT HOSPITAL SURGERY 81 404 61,660.73 152.63 .040 761.24 6.04 57 8.0 46,543.21 581.79 .008 816.55 PRINCIPAL SURGEON 4.56 10 10 456.96 .001 456.96 ASSISTANT SURGEON 4,569.59 .45 33 314 ANESTHESIOLOGIST 10,547.93 33.59 .031 319.63 1.03 107 288 214.58 OUTPATIENT SURGERY 22,960.21 79.72 .028 2.25 87 106 165.83 .010 202.05 1.72 PRINCIPAL SURGEON 17,578.32 1 67.39 ASSISTANT SURGEON 1 67.39 .000 67.39 .01 32 181 5,314.50 29.36 166.08 ANESTHESIOLOGIST .018 .00 0 .00 .000 .00 DIALYSIS .00 170 373 PATHOLOGY 6,160.58 16.52 .037 36.24 .60 355 621 49.23 RADIOLOGY 30,572.05 .061 86.12 3.00 PSYCHIATRY 2 175.68 87.84 .000 87.84 .02

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| IMMUNIZATION AND INJECTION | 43               | 221               |        | 5,740.73          |       | 25.98     | .022      | 133.      | 51   |     | .56       |  |
|----------------------------|------------------|-------------------|--------|-------------------|-------|-----------|-----------|-----------|------|-----|-----------|--|
| OTHER SERVICES/ALL X-OVERS | 227              | 697               |        | 29,016.19         |       | 41.63     | .068      | 127.      | 82   |     | 2.84      |  |
| @PHARMACY                  | 1,819            | 5 <b>,</b> 863    | \$     | 262,311.11        | \$    | 44.74     | .575      | \$ 144.   | 21   | \$  | 25.70     |  |
| PRESCRIPTION DRUGS         | 1,802            | 3,961             |        | 256,788.83        |       | 64.83     | .388      | 142.      | 50   |     | 25.16     |  |
| SNF/ICF                    | 4                | 12                |        | 2,220.57          |       | 185.05    | .001      | 555.      | 14   |     | .22       |  |
| OUTPATIENTS                | 1,799            | 3,949             |        | 254,568.26        |       | 64.46     | .387      | 141.      | 51   |     | 24.95     |  |
| MEDICAL SUPPLIES           | 59               | 1,902             |        | 5,522.28          |       | 2.90      | .186      | 93.       | 60   |     | .54       |  |
| @DENTIST                   | 478              | 2,864             | \$     | 80,330.26         | \$    | 28.05     | .281      | \$ 168.   | 05   | \$  | 7.87      |  |
| VISITS - DIAGNOSTIC        | 343              | 1,875             |        | 20,435.98         |       | 10.90     | .184      | 59.       | 58   |     | 2.00      |  |
| ORAL SURGERY               | 77               | 173               |        | 7,210.00          |       | 41.68     | .017      | 93.       | 64   |     | .71       |  |
| DRUGS                      | 5                | 4                 |        | 100.00            |       | 25.00     | .000      | 20.       | 00   |     | .01       |  |
| ANESTHESIA                 | 1                | 1                 |        | .00               |       | .00       | .000      |           | 00   |     | .00       |  |
| PERIODONTICS               | 9                | 10                |        | 1,024.00          |       | 102.40    | .001      | 113.      | 78   |     | .10       |  |
| ENDODONTICS                | 57               | 120               |        | 16,547.50         |       | 137.90    | .012      | 290.      | 31   |     | 1.62      |  |
| RESTORATIVE DENTISTRY      | 186              | 580               |        | 30,987.50         |       | 53.43     | .057      | 166.      | 60   |     | 3.04      |  |
| PROSTHETICS                | 0                | 0                 |        | .00               |       | .00       | .000      |           | 00   |     | .00       |  |
| DENTURES, STAYPLATES       | 5                | 23                |        | 2,418.00          |       | 105.13    | .002      | 483.      | 60   |     | .24       |  |
| SPACE MAINTAINERS          | 3                | 6                 |        | 480.00            |       | 80.00     | .001      | 160.      | 00   |     | .05       |  |
| MAXILLOFACIAL SERVICES     | 3                | 3                 |        | 392.28            |       | 130.76    | .000      | 130.      | 76   |     | .04       |  |
| FRACTURES, DISLOCATIONS    | 0                | 0                 |        | .00               |       | .00       | .000      |           | 00   |     | .00       |  |
| ORTHODONTIC SERVICES       | 19               | 20                |        | 735.00            |       | 36.75     | .002      | 38.       | 68   |     | .07       |  |
| ALL OTHER SERVICES         | 21               | 49                |        | .00               |       | .00       | .005      |           | 00   |     | .00       |  |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | ES AND EXPENDITUR | ES MON | NTH-OF-PAYMENT RE | EPORT | FOR JAN   | 2004 THRU | DEC 2004  |      | PAC | GE 10,854 |  |
| MOP024                     | FEE-FOR-SERVICE, | /DENTAL           |        |                   |       |           |           |           |      |     | 03/14/05  |  |
| SACRAMENTO COUNTY          | SUMMARY OF SERV  | ICES FOR EDWARDS  | CASES  | S IN PA-FAMILIES  |       | AID CODE  | 38        |           |      |     |           |  |
|                            |                  |                   |        |                   |       |           | M         | ONTHLY AV | ERAC | E   |           |  |
| 10,205 ELIGIBLES           | USERS            | UNITS OF SERVICE  |        | EXPENDITURES      | AVE   | RAGE COST | UNITS/DAY | S COST E  | ER   | CC  | OST PER   |  |
|                            |                  | OR DAYS OF CARE   |        |                   | PER   | UNIT/DAY  | PER ELIG  | USEF      | 2    | ΕI  | LIGIBLE   |  |
| @OPTOMETRIST               | 70               | 195               | \$     | 4,337.07          | \$    | 22.24     | .019      | \$ 61.    | 96   | \$  | .42       |  |
| DIAGNOSTIC AND ANC. PROCED | 56               | 61                |        | 2,438.40          |       | 39.97     | .006      | 43.       | 54   |     | .24       |  |
| EYE APPLIANCES             | 45               | 133               |        | 1,887.26          |       | 14.19     | .013      | 41.       | 94   |     | .18       |  |
| OTHER OPTOMETRIC SERVICES  | 1                | 1                 |        | 11.41             |       | 11.41     | .000      | 11.       | 41   |     | .00       |  |
|                            |                  |                   |        |                   |       |           |           |           |      |     |           |  |

|                              | 2                  | 2                  | Ċ        | 22 44                              | Ċ        | 1 ( 70     | 0.00 | ć 1 <i>c</i> | 70   | Ċ        | 0.0       |
|------------------------------|--------------------|--------------------|----------|------------------------------------|----------|------------|------|--------------|------|----------|-----------|
| @CHIROPRACTOR                | 2                  | 2                  | \$       | 33.44                              | \$       | 16.72      | .000 |              |      | Ş        | .00       |
| VISITS                       | 2                  | 2                  |          | 33.44                              |          | 16.72      | .000 | 16.          |      |          | .00       |
| OTHER SERVICES               | 0                  | 0                  |          | .00                                |          | .00        | .000 |              |      |          | .00       |
| @PODIATRIST                  | 3                  | 8                  | \$       |                                    | \$       |            | .001 |              |      | \$       | .02       |
| MEDICINE/INJECTIONS          | 2                  | 4                  |          | 129.20                             |          | 32.30      | .000 | 64.          | 60   |          | .01       |
| SURGERY/ANES.                | 2                  | 3                  |          | 33.00                              |          | 11.00      | .000 | 16.          | 50   |          | .00       |
| RADIO./PATHOLOGY             | 1                  | 1                  |          | 17.30                              |          | 17.30      | .000 | 17.          |      |          | .00       |
| OTHER                        | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| @HOME HEALTH AGENCY          | 17                 | 63                 | Ś        | 3 <b>,</b> 922.31                  | \$       | 62.26      | .006 |              |      | Ś        | .38       |
| NURSE ANESTHESIST            | 2                  | 14                 | ċ        | 176.65                             | \$       | 12.62      | .001 |              |      |          | .02       |
|                              | 4                  |                    | <u>ې</u> | 176.65                             |          |            |      |              |      |          |           |
| NURSE MIDWIFE                |                    | 16                 | \$       | 325.96                             | \$       | 20.37      | .002 |              |      | \$       | .03       |
| PEDIATRIC NURSE PRACTITIONER |                    | 0                  | Ş        |                                    | \$       | .00        | .000 |              | 00   |          | .00       |
| FAMILY NURSE PRACTITIONER    | 4                  | 6                  | \$       |                                    | \$       | 12.00      | .001 |              |      | \$       | .01       |
| @TOTAL HOSPITAL              | 901                | 3,711              | \$       | 936,216.96                         | \$       | 252.28     | .364 | \$ 1039.     | 09   | \$ 9     | 91.74     |
| HOSP INPATIENT TOTAL         | 99                 | 568                |          | 851,873.46                         |          | 1499.78    | .056 | 8604.        | 78   |          | 33.48     |
| HSC HOSPITALS                | 89                 | 491                |          | 708,558.31                         |          | 1443.09    | .048 | 7961.        | 33   | 6        | 59.43     |
| NON-HSC HOSPITAL TOTAL       | 10                 | 77                 |          | 143,315.15                         |          | 1861.24    | .008 | 14331.       |      |          | 14.04     |
| ACCOMMODATIONS               | 10                 | 77                 |          | 49,765.42                          |          | 646.30     | .008 | 4976.        |      |          | 4.88      |
| ADMINISTRATIVE DAYS          | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| TRANSITIONAL IP CARE         | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
|                              |                    |                    |          |                                    |          |            |      |              |      |          |           |
| ALL OTHER ACCOM              | 10                 | 77                 |          | 49,765.42                          |          | 646.30     | .008 | 4976.        | 54   |          | 4.88      |
| ANCILLARIES                  | 10                 | 0                  |          | 93,549.73                          |          | .00        | .000 | 9354.        |      |          | 9.17      |
| INPATIENT CROSSOVERS         | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| ALL OTHER INPATIENT          | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| HOSP OUTPATIENT TOTAL        | 825                | 3 <b>,</b> 143     |          | 84,343.50                          |          | 26.84      | .308 | 102.         | 23   |          | 8.26      |
| MEDICAL                      | 143                | 201                |          | 8,518.91                           |          | 42.38      | .020 | 59.          | 57   |          | .83       |
| SURGERY                      | 60                 | 67                 |          | 2,726.55                           |          | 40.69      | .007 | 45.          | 44   |          | .27       |
| PATHOLOGY                    | 224                | 1,154              |          | 10,287.07                          |          | 8.91       | .113 | 45.          |      |          | 1.01      |
| RADIOLOGY                    | 174                | 252                |          | 17,676.06                          |          | 70.14      | .025 | 101.         |      |          | 1.73      |
| ROOM USE                     | 517                | 644                |          | 24,581.62                          |          | 38.17      | .063 | 47.          |      |          | 2.41      |
|                              | 367                |                    |          |                                    |          |            |      |              |      |          |           |
| CROSSOVERS/ALL OTH OUTPTNT   |                    | 825                | <u>^</u> | 20,553.29                          | <u> </u> | 24.91      | .081 | 56.          |      | <b>^</b> | 2.01      |
| @COUNTY HOSPITAL TOTAL       | 33                 | 130                | \$       | -,                                 | \$       | 25.68      | .013 |              |      | \$       | .33       |
| CO HOSPITAL INPATIENT TOTAL  | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| HSC HOSPITALS                | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| NON-HSC HOSPITALS TOTAL      | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| ACCOMMODATIONS               | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| ADMINISTRATIVE DAYS          | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| TRANSITIONAL IP CARE         | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| ALL OTHER ACCOM              | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| ANCILLARIES                  | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| INPATIENT CROSSOVERS         | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
| ALL OTHER INPATIENT          | 0                  | 0                  |          | .00                                |          | .00        | .000 |              | 00   |          | .00       |
|                              |                    |                    |          |                                    |          |            |      |              |      |          |           |
| CO HOSP OUTPATIENT TOTAL     | 33                 | 130                |          | 3,338.27                           |          | 25.68      | .013 | 101.         |      |          | .33       |
| MEDICAL                      | 18                 | 26                 |          | 748.89                             |          | 28.80      | .003 | 41.          |      |          | .07       |
| SURGERY                      | 2                  | 4                  |          | 129.72                             |          | 32.43      | .000 | 64.          |      |          | .01       |
| PATHOLOGY                    | 8                  | 51                 |          | 635.14                             |          | 12.45      | .005 | 79.          | 39   |          | .06       |
| RADIOLOGY                    | 6                  | 7                  |          | 245.69                             |          | 35.10      | .001 | 40.          | 95   |          | .02       |
| ROOM USE                     | 27                 | 33                 |          | 1,268.26                           |          | 38.43      | .003 | 46.          | 97   |          | .12       |
| CROSSOVERS/ALL OTH OUTPINT   | 9                  | 9                  |          | 310.57                             |          | 34.51      | .001 | 34.          | 51   |          | .03       |
|                              |                    | ES AND EXPENDITURE | S MO     |                                    |          |            |      |              |      | PAGE     | 10,855    |
| MOP024                       | FEE-FOR-SERVICE    |                    |          | 01 1111111111111111111111111111111 |          |            |      | 220 2001     |      |          | 3/14/05   |
| SACRAMENTO COUNTY            |                    | ICES FOR EDWARDS   | CASE     | C TN DA_FAMTITEC                   |          | AID CODE   | 30   |              |      | 0.5      | ,, 14, 03 |
| OTTOTALIBITO COOLLI          | COLITIVITY OF STRV | TOTO FOLL EDWAINDS | CHOL     | O IN IA LAMITHIES                  |          |            |      | ONITHE V ATT | UD7/ | ~=       |           |
| 10 205 ELICIDIES             | HOEDO              | IINTEC OF CEDITOR  |          | EADEMDIMIDEO                       | 71 77    |            | M    |              |      |          |           |
| 10,205 ELIGIBLES             | USERS              | UNITS OF SERVICE   |          | EXPENDITURES                       |          | ERAGE COST |      |              |      |          | PER       |
| 0.000,000,000,000,000        | 0 = 4              | OR DAYS OF CARE    |          | 000 000 50                         |          | R UNIT/DAY |      |              |      |          | SIBLE     |
| @COMMUNITY HOSPITAL TOTAL    | 871                | 3,581              | \$       | 932 <b>,</b> 878.69                | \$       | 260.51     | .351 | \$ 1071.     | 04   | \$ 9     | 91.41     |
|                              |                    |                    |          |                                    |          |            |      |              |      |          |           |

| COMM HOSP INPATIENT TOTAL    | 99              | 568               |         | 851,873.46        |       | 1499.78    | .056      |     | 8604.78  |    | 83.48      |
|------------------------------|-----------------|-------------------|---------|-------------------|-------|------------|-----------|-----|----------|----|------------|
| HSC HOSPITALS                | 89              | 491               |         | 708,558.31        |       | 1443.09    | .048      |     | 7961.33  |    | 69.43      |
| NON-HSC HOSPITALS TOTAL      | 10              | 77                |         | 143,315.15        |       | 1861.24    | .008      |     | 14331.52 |    | 14.04      |
| ACCOMMODATIONS               | 10              | 77                |         | 49,765.42         |       | 646.30     | .008      |     | 4976.54  |    | 4.88       |
| ADMINISTRATIVE DAYS          | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| TRANSITIONAL IP CARE         | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| ALL OTHER ACCOM              | 10              | 77                |         | 49,765.42         |       | 646.30     | .008      |     | 4976.54  |    | 4.88       |
| ANCILLARIES                  | 10              | 0                 |         | 93,549.73         |       | .00        | .000      |     | 9354.97  |    | 9.17       |
| INPATIENT CROSSOVERS         | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| ALL OTHER INPATIENT          | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| COMM HOSP OUTPATIENT TOTAL   | 795             | 3,013             |         | 81,005.23         |       | 26.89      | .295      |     | 101.89   |    | 7.94       |
| MEDICAL                      | 125             | 175               |         | 7,770.02          |       | 44.40      | .017      |     | 62.16    |    | .76        |
| SURGERY                      | 58              | 63                |         | 2,596.83          |       | 41.22      | .006      |     | 44.77    |    | .25        |
| PATHOLOGY                    | 216             | 1,103             |         | 9,651.93          |       | 8.75       | .108      |     | 44.68    |    | .95        |
| RADIOLOGY                    | 168             | 245               |         | 17,430.37         |       | 71.14      | .024      |     | 103.75   |    | 1.71       |
| ROOM USE                     | 493             | 611               |         | 23,313.36         |       | 38.16      | .060      |     | 47.29    |    | 2.28       |
| CROSSOVERS/ALL OTH OUTPTNT   | 359             | 816               |         | 20,242.72         |       | 24.81      | .080      |     | 56.39    |    | 1.98       |
| @STATE HOSPITAL              | 0               | 0                 | \$      | .00               | \$    | .00        | .000      | \$  | .00      | \$ | .00        |
| MENTALLY ILL                 | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| DEVELOP. DISABLED            | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @NURSING FACILITY            | 0               | 0                 | \$      | .00               | \$    | .00        | .000      | \$  | .00      | \$ | .00        |
| LEV A-INTERMEDIATE           | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| LEV B-REHAB MD               | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| LEV B-SUBACUTE FREESTANDING  |                 | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| LEV B-TRANSITIONAL IP CARE   | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| LEV B-REGULAR                | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @INTERMEDIATE CARE FACILDD   | 0               | 0                 | \$      | .00               | \$    | .00        | .000      | \$  | .00      | \$ | .00        |
| ICF DDH                      | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| ICF DD                       | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| ICF DDN/DDCN                 | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @HEMODIALYSIS TOTAL          | 0               | 0                 | \$      | .00               | \$    | .00        | .000      | \$  | .00      | \$ | .00        |
| HOSPITAL BASED               | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| HEMODIALYSIS CENTER          | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @REHABILITATION FACILITY     | 17              | 38                | \$      | 1,317.99          | \$    | 34.68      | .004      | \$  | 77.53    | \$ | .13        |
| HOSPITAL BASED               | 12              | 31                |         | 1,170.34          |       | 37.75      | .003      |     | 97.53    |    | .11        |
| INDEPENDENT FACILITY         | 5               | 7                 |         | 147.65            |       | 21.09      | .001      |     | 29.53    |    | .01        |
| @LABORATORY FACILITY         | 256             | 792               | \$      | 10,725.47         | \$    | 13.54      | .078      | \$  | 41.90    | \$ | 1.05       |
| PATHOLOGY                    | 256             | 792               |         | 10,725.47         |       | 13.54      | .078      |     | 41.90    |    | 1.05       |
| XO AND OTHERS                | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| @ORGANIZED OUTPATIENT CLINIC | 446             | 959               | \$      | 50,387.17         | \$    | 52.54      | .094      | \$  | 112.98   | \$ | 4.94       |
| CLINIC                       | 209             | 591               |         | 14,832.89         |       | 25.10      | .058      |     | 70.97    |    | 1.45       |
| SURGICENTER                  | 11              | 52                |         | 1,257.83          |       | 24.19      | .005      |     | 114.35   |    | .12        |
| HEROIN DETOX CLINIC          | 3               | 23                |         | 229.60            |       | 9.98       | .002      |     | 76.53    |    | .02        |
| RURAL HEALTH CLINIC          | 224             | 293               |         | 34,066.85         |       | 116.27     | .029      |     | 152.08   |    | 3.34       |
| #CALIF DEPT OF HEALTH SERV   |                 | ES AND EXPENDITUR | RES MON | NTH-OF-PAYMENT RE | EPORT | FOR JAN 2  | 2004 THRU | DEC | 2004     | PA | AGE 10,856 |
| MOP024                       | FEE-FOR-SERVICE |                   |         |                   |       |            |           |     |          |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | ICES FOR EDWARDS  | CASES   | S IN PA-FAMILIES  |       | AID CODE   |           |     |          | ~- |            |
| 10 005 71 707777             |                 |                   |         |                   |       |            | M         |     |          |    |            |
| 10,205 ELIGIBLES             | USERS           | UNITS OF SERVICE  |         | EXPENDITURES      |       |            |           |     |          |    | COST PER   |
| 0.1.1. 0.00000 DD.0111.0000  | 2 701           | OR DAYS OF CARE   |         | 107 142 22        |       | R UNIT/DAY |           |     | USER     |    | ELIGIBLE   |
| @ALL OTHER PROVIDERS         | 3,781           | •                 | \$      | 197,143.33        | \$    |            | 2.053     | Þ   |          | Ş  |            |
| DURABLE MED. EQUIP.          | 33              | 117               |         | 3,789.89          |       | 32.39      | .011      |     | 114.85   |    | .37        |
| BLOOD BANK                   | 0               | 0                 |         | .00               |       | .00        | .000      |     | .00      |    | .00        |
| HEARING AID DISPENSERS       | 0               | 0<br>570          |         | .00<br>9,997.49   |       | .00        | .000      |     | .00      |    | .00        |
| MEDICAL TRANSPORTATION       | 82              | 579               |         | 9,997.49          |       | 17.27      | .057      |     | 121.92   |    | .98        |

| AMBULANCES/AIR TRANS           | 81             | 567             | 9,935.52                  | 17.52       | .056  | 122.66     |        | . 97 |
|--------------------------------|----------------|-----------------|---------------------------|-------------|-------|------------|--------|------|
| OTHER TRANS                    | 1              | 10              | 42.21                     | 4.22        | .001  | 42.21      |        | .00  |
| OTHER SERVICES                 | 2              | 2               | 19.76                     | 9.88        | .000  | 9.88       |        | .00  |
| ACUPUNCTURE                    | 4              | 11              | 189.23                    | 17.20       | .001  | 47.31      |        | .02  |
| ADULT DAY HEALTH CARE CTR      | 3              | 40              | 2,783.20                  | 69.58       | .004  | 927.73     |        | .27  |
| GENETIC DISEASE TESTING        | 82             | 82              | 8,610.00                  | 105.00      | .008  | 105.00     |        | . 84 |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0              | 0               | .00                       | .00         | .000  | .00        |        | .00  |
| OCCUPATIONAL THERAPIST         | 0              | 0               | .00                       | .00         | .000  | .00        |        | .00  |
| OPTICIAN                       | 702            | 1,491           | 13,093.21                 | 8.78        | .146  | 18.65      | 1.     | . 28 |
| PHYSICAL THERAPIST             | 3              | 22              | 294.22                    | 13.37       | .002  | 98.07      |        | .03  |
| PORTABLE X-RAY                 | 0              | 0               | .00                       | .00         | .000  | .00        |        | .00  |
| PROSTHETIST/ORTHOTISTS         | 2              | 3               | 137.68                    | 45.89       | .000  | 68.84      |        | .01  |
| PROSTHETICS                    | 2              | 3               | 137.68                    | 45.89       | .000  | 68.84      |        | .01  |
| ORTHOTICS                      | 0              | 0               | .00                       | .00         | .000  | .00        |        | .00  |
| PSYCHOLOGIST                   | 5              | 23              | 1,016.10                  | 44.18       | .002  | 203.22     |        | .10  |
| SPEECH AND AUDIOLOGY           | 5              | 74              | 4,021.23                  | 54.34       | .007  | 804.25     |        | . 39 |
| HOSPICE SERVICES               | 0              | 0               | .00                       | .00         | .000  | .00        |        | .00  |
| NONINST BIRTHING CENTERS       | 1              | 1               | 1,106.68                  | 1106.68     | .000  | 1106.68    |        | .11  |
| LOCAL EDUCATION AGENCIES       | 2 <b>,</b> 855 | 15 <b>,</b> 091 | 150,928.82                | 10.00       | 1.479 | 52.86      | 14.    | . 79 |
| EPSDT SUPPLEMENTAL SERVICE     | 1              | 8               | 117.64                    | 14.71       | .001  | 117.64     |        | .01  |
| RESPIRATORY CARE PRACT.        | 0              | 0               | .00                       | .00         | .000  | .00        |        | .00  |
| PED SUBACUTE REHAB/WEANING     | 0              | 0               | .00                       | .00         | .000  | .00        |        | .00  |
| ALL OTHER PROVIDERS            | 10             | 3,408           | 1,057.94                  | .31         | .334  | 105.79     |        | .10  |
| @CALIF. CHILDREN SERVICES*     | 438            | 7,862           | \$<br>729 <b>,</b> 984.68 | \$<br>92.85 | .770  | \$ 1666.63 | \$ 71. | . 53 |
| @XOVER EXCLUDING STATE HOSP**  | 1              | 1               | \$<br>46.45               | \$<br>46.45 | .000  | \$ 46.45   | \$.    | .00  |
|                                |                |                 |                           |             |       |            |        |      |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,857 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

| DISCUMBINIO COUNTI         | DOLLINICI OI DIII | VICED FOR DOT THEFTH | IDC IN IN DIGNOU  | ID MID CODED OF | .1 01      |             |           |
|----------------------------|-------------------|----------------------|-------------------|-----------------|------------|-------------|-----------|
|                            |                   |                      |                   |                 | MON        | THLY AVERAG | GE        |
| 3,421 ELIGIBLES            | USERS             | UNITS OF SERVICE     | EXPENDITURES      | AVERAGE COST    | UNITS/DAYS | COST PER    | COST PER  |
|                            |                   | OR DAYS OF CARE      |                   | PER UNIT/DAY    | PER ELIG   | USER        | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS      | 1,637             | 16,867 \$            | 655,191.99        | \$ 38.84        | 4.930 \$   | 400.24      | \$ 191.52 |
| @PHYSICIANS SERVICES       | 626               | 1,446 \$             | 66,617.13         | \$ 46.07        | .423 \$    | 106.42      | \$ 19.47  |
| OUTPATIENT VISITS          | 465               | 590                  | 22,769.82         | 38.59           | .172       | 48.97       | 6.66      |
| OFFICE VISITS              | 316               | 396                  | 12,620.49         | 31.87           | .116       | 39.94       | 3.69      |
| HOME VISITS                | 0                 | 0                    | .00               | .00             | .000       | .00         | .00       |
| EMERGENCY ROOM             | 135               | 150                  | 8,816.25          | 58.78           | .044       | 65.31       | 2.58      |
| PREVENTIVE CARE            | 0                 | 0                    | .00               | .00             | .000       | .00         | .00       |
| OB VISITS/COMPRE PERI      | 0                 | 0                    | 25.26             | .00             | .000       | .00         | .01       |
| OTHER OUTPATIENT           | 40                | 44                   | 1,307.82          | 29.72           | .013       | 32.70       | .38       |
| INPATIENT VISITS           | 24                | 69                   | 4,069.88          | 58.98           | .020       | 169.58      | 1.19      |
| HOSPITAL VISITS            | 18                | 56                   | 2,751.00          | 49.13           | .016       | 152.83      | .80       |
| CRITICAL CARE              | 2                 | 5                    | 991.78            | 198.36          | .001       | 495.89      | .29       |
| SNF/ICF/TRANS IP CARE      | 6                 | 8                    | 327.10            | 40.89           | .002       | 54.52       | .10       |
| OPHTHALMOLOGICAL SERVICES  | 7                 | 7                    | 202.85            | 28.98           | .002       | 28.98       | .06       |
| EXAMINATIONS               | 6                 | 6                    | 182.85            | 30.48           | .002       | 30.48       | .05       |
| SERVICES AND MATERIALS     | 1                 | 1                    | 20.00             | 20.00           | .000       | 20.00       | .01       |
| INPATIENT HOSPITAL SURGERY | 7                 | 27                   | 3 <b>,</b> 197.50 | 118.43          | .008       | 456.79      | .93       |
| PRINCIPAL SURGEON          | 3                 | 3                    | 2,464.91          | 821.64          | .001       | 821.64      | .72       |
| ASSISTANT SURGEON          | 0                 | 0                    | .00               | .00             | .000       | .00         | .00       |
| ANESTHESIOLOGIST           | 5                 | 24                   | 732.59            | 30.52           | .007       | 146.52      | .21       |
| OUTPATIENT SURGERY         | 40                | 108                  | 9,562.91          | 88.55           | .032       | 239.07      | 2.80      |
| PRINCIPAL SURGEON          | 38                | 49                   | 8,093.81          | 165.18          | .014       | 213.00      | 2.37      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON          | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
|----------------------------|------------------------|----------------|---------|--------------------|-------|-----------|-----------|---------|------------------|----|------------|
| ANESTHESIOLOGIST           | 8                      | 59             |         | 1,469.10           |       | 24.90     | .017      |         | 183.64           |    | .43        |
| DIALYSIS                   | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| PATHOLOGY                  | 48                     | 73             |         | 1,344.73           |       | 18.42     | .021      |         | 28.02            |    | .39        |
| RADIOLOGY                  | 158                    | 290            |         | 13,487.49          |       | 46.51     | .085      |         | 85.36            |    | 3.94       |
| PSYCHIATRY                 | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| IMMUNIZATION AND INJECTION | 9                      | 14             |         | 214.07             |       | 15.29     | .004      |         | 23.79            |    | .06        |
| OTHER SERVICES/ALL X-OVERS | 125                    | 268            |         | 11,767.88          |       | 43.91     | .078      |         | 94.14            |    | 3.44       |
| @PHARMACY                  | 1,090                  | 6 <b>,</b> 870 | \$      | 339,764.29         | \$    | 49.46     | 2.008     | \$      | 311.71           | \$ | 99.32      |
| PRESCRIPTION DRUGS         | 1,080                  | 3,649          |         | 333,329.79         |       | 91.35     | 1.067     |         | 308.64           |    | 97.44      |
| SNF/ICF                    | 20                     | 73             |         | 16,764.75          |       | 229.65    | .021      |         | 838.24           |    | 4.90       |
| OUTPATIENTS                | 1,064                  | 3,576          |         | 316,565.04         |       | 88.52     | 1.045     |         | 297.52           |    | 92.54      |
| MEDICAL SUPPLIES           | 61                     | 3,221          |         | 6,434.50           |       | 2.00      | .942      |         | 105.48           |    | 1.88       |
| @DENTIST                   | 150                    | 686            | \$      | 24,620.20          | \$    | 35.89     | .201      | \$      | 164.13           | \$ | 7.20       |
| VISITS - DIAGNOSTIC        | 111                    | 476            |         | 6,362.20           |       | 13.37     | .139      |         | 57.32            |    | 1.86       |
| ORAL SURGERY               | 29                     | 38             |         | 2,726.00           |       | 71.74     | .011      |         | 94.00            |    | .80        |
| DRUGS                      | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| ANESTHESIA                 | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| PERIODONTICS               | 7                      | 7              |         | 763.00             |       | 109.00    | .002      |         | 109.00           |    | .22        |
| ENDODONTICS                | 18                     | 25             |         | 5,351.00           |       | 214.04    | .007      |         | 297.28           |    | 1.56       |
| RESTORATIVE DENTISTRY      | 50                     | 114            |         | 6,775.00           |       | 59.43     | .033      |         | 135.50           |    | 1.98       |
| PROSTHETICS                | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| DENTURES, STAYPLATES       | 6                      | 24             |         | 2,608.00           |       | 108.67    | .007      |         | 434.67           |    | .76        |
| SPACE MAINTAINERS          | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| ORTHODONTIC SERVICES       | 2                      | 2              |         | 35.00              |       | 17.50     | .001      |         | 17.50            |    | .01        |
| ALL OTHER SERVICES         | 1                      | 0              |         | .00                |       | .00       | .000      |         | .00              |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND  | EXPENDIT       | JRES MO | ONTH-OF-PAYMENT RI | EPOR: | r for jan | 2004 THRU | DEC     | 2004             | PI | AGE 10,858 |
| MOP024                     | FEE-FOR-SERVICE/DENTA  |                |         |                    |       |           |           |         |                  |    | 03/14/05   |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES FO | OR SSI AI      | PPEAL/N | NLDC IN PA-DISABLE | ED A  | ID CODES  |           |         |                  |    |            |
|                            |                        |                |         |                    |       |           | 7. /      | TONTHIT | T TZ T T T T T T | CE |            |

| SACKAMENTO COUNTI            | SOMMANI OF SEN | AICED FOK ' | SSI AFFE     | ישה/ ואז | DOC IN FA DISABIL | בא ענ | .0 62200   | N OE      |     |            |     |          |
|------------------------------|----------------|-------------|--------------|----------|-------------------|-------|------------|-----------|-----|------------|-----|----------|
|                              |                |             |              |          |                   |       |            | M         | ГИО | CHLY AVERA | .GE |          |
| 3,421 ELIGIBLES              | USERS          | UNITS OF S  | SERVICE      |          | EXPENDITURES      | AVE   | RAGE COST  | UNITS/DAY | S   | COST PER   |     | COST PER |
|                              |                | OR DAYS (   | OF CARE      |          |                   | PEF   | R UNIT/DAY | PER ELIG  |     | USER       |     | ELIGIBLE |
| @OPTOMETRIST                 | 36             |             | 110          | \$       | 2,269.69          | \$    | 20.63      | .032      | \$  | 63.05      | \$  | .66      |
| DIAGNOSTIC AND ANC. PROCED   | 21             |             | 22           |          | 924.36            |       | 42.02      | .006      |     | 44.02      |     | .27      |
| EYE APPLIANCES               | 28             |             | 88           |          | 1,345.33          |       | 15.29      | .026      |     | 48.05      |     | .39      |
| OTHER OPTOMETRIC SERVICES    | 0              |             | 0            |          | .00               |       | .00        | .000      |     | .00        |     | .00      |
| @CHIROPRACTOR                | 0              |             | 0            | \$       | .00               | \$    | .00        | .000      | \$  | .00        | \$  | .00      |
| VISITS                       | 0              |             | 0            |          | .00               |       | .00        | .000      |     | .00        |     | .00      |
| OTHER SERVICES               | 0              |             | 0            |          | .00               |       | .00        | .000      |     | .00        |     | .00      |
| @PODIATRIST                  | 3              |             | 3            | \$       | 105.20            | \$    | 35.07      | .001      | \$  | 35.07      | \$  | .03      |
| MEDICINE/INJECTIONS          | 3              |             | 3            |          | 105.20            |       | 35.07      | .001      |     | 35.07      |     | .03      |
| SURGERY/ANES.                | 0              |             | 0            |          | .00               |       | .00        | .000      |     | .00        |     | .00      |
| RADIO./PATHOLOGY             | 0              |             | 0            |          | .00               |       | .00        | .000      |     | .00        |     | .00      |
| OTHER                        | 0              |             | 0            |          | .00               |       | .00        | .000      |     | .00        |     | .00      |
| @HOME HEALTH AGENCY          | 2              |             | 4            | \$       | 236.65            | \$    | 59.16      | .001      | \$  | 118.33     | \$  | .07      |
| NURSE ANESTHESIST            | 0              |             | 0            | \$       | .00               | \$    | .00        | .000      | \$  | .00        | \$  | .00      |
| NURSE MIDWIFE                | 0              |             | 0            | \$       | .00               | \$    | .00        | .000      | \$  | .00        | \$  | .00      |
| PEDIATRIC NURSE PRACTITIONER | 0              |             | 0            | \$       | .00               | \$    | .00        | .000      | \$  | .00        | \$  | .00      |
| FAMILY NURSE PRACTITIONER    | 6              |             | 13           | \$       | 302.83            | \$    | 23.29      | .004      | \$  | 50.47      | \$  | .09      |
| @TOTAL HOSPITAL              | 312            | 1,          | <b>,</b> 697 | \$       | 136,254.60        | \$    | 80.29      | .496      | \$  | 436.71     | \$  | 39.83    |
| HOSP INPATIENT TOTAL         | 24             |             | 76           |          | 96,854.52         |       | 1274.40    | .022      |     | 4035.61    |     | 28.31    |
| HSC HOSPITALS                | 19             |             | 75           |          | 93,091.00         |       | 1241.21    | .022      |     | 4899.53    |     | 27.21    |
| NON-HSC HOSPITAL TOTAL       | 1              |             | 1            |          | 385.52            |       | 385.52     | .000      |     | 385.52     |     | .11      |
| ACCOMMODATIONS               | 1              |             | 1            |          | 231.30            |       | 231.30     | .000      |     | 231.30     |     | .07      |

| ADMINISTRATIVE DAYS         | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
|-----------------------------|---------------------|------------------|---------------------|---------------|-----------|----------|-------------|
| TRANSITIONAL IP CARE        | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| ALL OTHER ACCOM             | 1                   | 1                | 231.30              | 231.30        | .000      | 231.30   | .07         |
| ANCILLARIES                 | 1                   | 0                | 154.22              | .00           | .000      | 154.22   | .05         |
| INPATIENT CROSSOVERS        | 5                   | 0                | 3,378.00            | .00           | .000      | 675.60   | .99         |
| ALL OTHER INPATIENT         | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| HOSP OUTPATIENT TOTAL       | 295                 | 1,621            | 39,400.08           | 24.31         | .474      | 133.56   | 11.52       |
| MEDICAL                     | 91                  | 127              | 4,576.42            | 36.03         | .037      | 50.29    | 1.34        |
| SURGERY                     | 22                  | 24               | 1,094.53            | 45.61         | .007      | 49.75    | .32         |
| PATHOLOGY                   | 133                 | 789              | 7,047.24            | 8.93          | .231      | 52.99    | 2.06        |
| RADIOLOGY                   | 91                  | 157              | 12,396.45           | 78.96         | .046      | 136.22   | 3.62        |
| ROOM USE                    | 201                 | 253              | 9,501.24            | 37.55         | .074      | 47.27    | 2.78        |
| CROSSOVERS/ALL OTH OUTPTNT  | 115                 | 271              | 4,784.20            | 17.65         | .079      | 41.60    | 1.40        |
| @COUNTY HOSPITAL TOTAL      | 7                   | 25 \$            | 598.89              | \$ 23.96      | .007      | \$ 85.56 | \$ .18      |
| CO HOSPITAL INPATIENT TOTAL | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| HSC HOSPITALS               | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| NON-HSC HOSPITALS TOTAL     | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| ACCOMMODATIONS              | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| ADMINISTRATIVE DAYS         | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| TRANSITIONAL IP CARE        | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| ALL OTHER ACCOM             | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| ANCILLARIES                 | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| INPATIENT CROSSOVERS        | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| ALL OTHER INPATIENT         | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| CO HOSP OUTPATIENT TOTAL    | 7                   | 25               | 598.89              | 23.96         | .007      | 85.56    | .18         |
| MEDICAL                     | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| SURGERY                     | 0                   | 0                | .00                 | .00           | .000      | .00      | .00         |
| PATHOLOGY                   | 2                   | 8                | 67.98               | 8.50          | .002      | 33.99    | .02         |
| RADIOLOGY                   | 2                   | 3                | 72.83               | 24.28         | .001      | 36.42    | .02         |
| ROOM USE                    | 6                   | 8                | 279.20              | 34.90         | .002      | 46.53    | .08         |
| CROSSOVERS/ALL OTH OUTPTNT  |                     | 6                | 178.88              | 29.81         | .002      | 29.81    | .05         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVICES A | AND EXPENDITURES | MONTH-OF-PAYMENT RI | EPORT FOR JAN | 2004 THRU | DEC 2004 | PAGE 10,859 |

MOP024 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

| SACRAMENTO COUNTY   | SUMMARY OF SERV                     | 71010 1010 001 711                       |        | NLDC IN PA-DISABL   |   |   | TNOM   | THLY AVERA                 | GE   |             |
|---|-------------------------------------|--|--------|---|---|---|--------|----------------------------|------|-------------|
| 3,421 ELIGIBLES   | USERS                               | UNITS OF SERVIC                          | E      | EXPENDITURES  | AVERAGE C                                     | OST UNITS/DA                            |        |                            |      | COST PER    |
| @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL   |                                     | OR DAYS OF CAR                           | E      |   | PER UNIT/                                     | DAY PER ELI                             |        | USER                       |      | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL   | 306                                 | 1 <b>,</b> 672                           | \$     | 135,655.71  | \$ 81.1<br>1274.4<br>1241.2<br>385.5<br>231.3 | 3 .489                                  |        |                            | \$   |             |
| COMM HOSP INPATIENT TOTAL   | 24                                  | 76                                       |        | 96,854.52   | 1274.4  | 0 .022                                  |        | 4035.61                    |      | 28.31       |
| HSC HOSPITALS   | 19                                  | 75                                       |        | 93,091.00   | 1241.2  | 1 .022                                  |        | 4899.53<br>385.52          |      | 27.21       |
| NON-HSC HOSPITALS TOTAL   | 1                                   | 1  |        | 385.52  | 385.5   | 2 .000                                  |        | 385.52                     |      | .11         |
| ACCOMMODATIONS  | 1                                   | 1  |        | 231.30  | 231.3   | 0 .000                                  |        | 231.30                     |      | .07         |
| ADMINISTRATIVE DAYS   | 0                                   | 0  |        | .00   | .0  | 0 .000                                  |        | .00                        |      | .00         |
| TRANSITIONAL IP CARE  | 0                                   | 0  |        | .00   | .0  | 0 .000                                  |        | .00                        |      | .00         |
| ALL OTHER ACCOM   | 1                                   | 1  |        | 231.30  | 231.3   | 0 .000                                  |        | 231.30                     |      | .07         |
| ANCILLARIES   | 1                                   | 0  |        | 154.22<br>3,378.00<br>.00<br>38,801.19<br>4,576.42<br>1,094.53<br>6,979.26<br>12,323.62 | .0  | 0 .000                                  |        | 231.30<br>154.22<br>675.60 |      | .05         |
| INPATIENT CROSSOVERS  | 5                                   | 0  |        | 3,378.00  | .0  | 0 .000                                  |        | 675.60                     |      | .99         |
| ALL OTHER INPATIENT   | 0                                   | 0  |        | .00   | . 0   | 0 .000                                  |        | 0.0                        |      | .00         |
| COMM HOSP OUTPATIENT TOTAL  | 289                                 | 1.596                                    |        | 38.801.19   | 24.3  | 1 .467                                  |        | 134.26<br>50.29<br>49.75   |      | 11.34       |
| MEDICAL   | 91                                  | 127                                      |        | 4.576.42  | 36.0  | 3 .037                                  |        | 50.29                      |      | 1.34        |
| SURGERY   |                                     |  |        | 1 094 53  | 45 6  | 1 .007                                  |        | 49 75                      |      | .32         |
| PATHOLOGY   | 131                                 | 781                                      |        | 6 979 26  | 8 9   | 4 .228                                  |        | 53.28                      |      | 2.04        |
| RADIOLOGY   | 80                                  | 154                                      |        | 12 323 62   | 80.0  | 2 .045                                  |        | 53.28<br>138.47            |      | 3.60        |
| ROOM USE  | 105                                 | 245                                      |        | 9,222.04  | 37.6  | 4 .072                                  |        | 47.29                      |      | 2.70        |
| CROSSOVERS/ALL OTH OUTPINT  | 289<br>91<br>22<br>131<br>89<br>195 | 781<br>154<br>245<br>265                 |        | 4,605.32  | 17.3  |   |        | 41.87                      |      | 1.35        |
|   |                                     | 263                                      | \$     | 4,603.32  |   |   |        |                            | ċ    | .00         |
| @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE   | 0                                   | 0  | Ą      | .00   | ۶   |   |        | .00                        | Ą    | .00         |
| MENTALLY ILL  | 0                                   |  |        | .00   |   |   |        |                            |      |             |
| ONUDGING FROM THE   | 1.0                                 | 250                                      | ć      | .00<br>.00<br>49,047.68<br>.00  | .0  |   |        | .00                        | Ċ    | .00         |
| @NURSING FACILITY   | 12                                  |  | Ş      | 49,047.68   | \$ 139.3                                      |   |        | 4087.31                    | Þ    | 14.34       |
| LEV A-INTERMEDIATE  | 0                                   | 0  |        | .00   | .0  |   |        | .00                        |      | .00         |
| TEA D-VEUMD MD  | 0                                   | 352<br>0<br>0<br>0<br>0<br>0<br>352<br>0 |        | .00<br>.00<br>.00<br>.00<br>.00<br>49,047.68<br>.00<br>.00                              | .0  |   |        |                            |      | .00         |
| LEV B-SUBACUTE FREESTANDING   | 0                                   | 0  |        | .00   | .0  |   |        | .00                        |      | .00         |
| LEV B-SUBACUTE HSPTL BASED  | 0                                   | 0  |        | .00   | .0  |   |        | .00                        |      | .00         |
| LEV B-TRANSITIONAL IP CARE  | 0                                   | 0  |        | .00   | .0  |   |        | .00                        |      | .00         |
| LEV B-REGULAR   | 12                                  | 352                                      |        | 49,047.68   | 139.3   |   |        | 4087.31                    |      | 14.34       |
| @INTERMEDIATE CARE FACILDD  | 0<br>0<br>12<br>0                   | 0  | \$     | .00   | \$ .0   |   |        |                            | \$   | .00         |
| ICF DDH   | 0                                   | 0  |        | .00   | .0  |   |        | .00                        |      | .00         |
| ICF DD  | 0                                   | U  |        | .00   | .0  |   |        | .00                        |      | .00         |
| ICF DDN/DDCN  | 0                                   | 0  |        | .00   | .0  | 0 .000                                  |        | .00                        |      | .00         |
| @HEMODIALYSIS TOTAL   | 0                                   | 0  | \$     |   | \$ .0   | 0 .000                                  | \$     |                            | \$   | .00         |
| HOSPITAL BASED  | 0                                   | 0  |        | .00   | .0  | 0 .000                                  |        | .00                        |      | .00         |
| HEMODIALYSIS CENTER   | 0                                   | 0  |        | .00   | .0  |   |        | .00                        |      | .00         |
| @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC | 7                                   | 25                                       | \$     | 666.50  | \$ 26.6                                       | 6 .007                                  | \$     | 95.21                      | \$   | .19         |
| HOSPITAL BASED  | 6                                   | 24                                       |        | 631.66  | 26.3  | 2 .007                                  |        | 105.28                     |      | .18         |
| INDEPENDENT FACILITY  | 1                                   | 1  |        | 34.84   | 34.8  | 4 .000                                  |        | 34.84                      |      | .01         |
| @LABORATORY FACILITY  | 107                                 | 460                                      | Ś      |   | \$ 10.9                                       |   |        | 47.21                      | Ś    | 1.48        |
| PATHOLOGY   | 107                                 | 460                                      |        | 5,051.18  | 10.9  |   |        | 47.21                      |      | 1.48        |
| XO AND OTHERS   |                                     | 0  |        | .00   | .0  |   |        | .00                        |      | .00         |
| @ORGANIZED OUTPATTENT CLINIC  | 92                                  | 213                                      | Ś      |   | \$ 44.4                                       |   |        |                            | Ś    | 2.77        |
| CLINIC  | 61                                  | 1 4 4                                    | Y      | 3 154 23  | 21 0  | 0 042                                   |        | 51 71                      |      | . 92        |
| SURGICENTER   | 2                                   | 744                                      |        | 271 N7  | 21.9<br>30.1                                  | 2 .042                                  |        | 135 54                     |      | .08         |
| HEROIN DETOX CLINIC   | 1                                   | 1 /                                      |        | 271.07  | 6 0   | 7 003                                   |        | 97 55                      |      | .03         |
| DIDAL DEVIUE CLINIC   | 20                                  | 14                                       |        | 5 040 00  | 120.2   | , |        | 21.33                      |      | 1.74        |
| SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV  | MEDI_CAI CEDIII                     | 40 AND EVDENDIMIT                        | DEC M  | J, 340.6U<br>NMTH_OE_DAVMENT DI   |   | יוסיים 2004 ואג                         | DEC    | 212.40                     | D    | PAGE 10,860 |
| MOP024  | MEDI-CAT SEKAI(                     | LES AND EXPENDITU.                       | VEO M  | ONIU-OL-NAIMENI KI  | TRUKI FUK J                                   | AN ZUU4 THRU                            | טײַ(   | 2004                       | P    |             |
|   | FEE-FOR-SERVICE                     |  | יי דער | יים אם אם הדמיים  |   | C GN GD                                 |        |                            |      | 03/14/05    |
| SACRAMENTO COUNTY   | SUMMAKI OF SERV                     | LUTO FOR SSI AL                          | rĽAL/l | NLDC IN PA-DISABL   | FO AID CODE                                   |   | 140377 |                            | C.E. |             |
| 2 421 FLIGTRING   | HORDO                               | INITES OF SERVICE                        | _      |   |   |   |        | THLY AVERA                 |      |             |

3,421 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

|                                |     | OR DAYS OF CARE |                 | PER U | NIT/DAY | PER ELIG | USEF     |    | E  | LIGIBLE |
|--------------------------------|-----|-----------------|-----------------|-------|---------|----------|----------|----|----|---------|
| @ALL OTHER PROVIDERS           | 180 | 4,988           | \$<br>20,784.39 | \$    | 4.17    | 1.458    | \$ 115.  | 47 | \$ | 6.08    |
| DURABLE MED. EQUIP.            | 9   | 74              | 8,399.84        | 1     | 13.51   | .022     | 933.     | 32 |    | 2.46    |
| BLOOD BANK                     | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| HEARING AID DISPENSERS         | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| MEDICAL TRANSPORTATION         | 50  | 332             | 5,476.34        |       | 16.50   | .097     | 109.     | 53 |    | 1.60    |
| AMBULANCES/AIR TRANS           | 48  | 322             | 5,454.14        |       | 16.94   | .094     | 113.     | 63 |    | 1.59    |
| OTHER TRANS                    | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| OTHER SERVICES                 | 2   | 10              | 22.20           |       | 2.22    | .003     | 11.      | 10 |    | .01     |
| ACUPUNCTURE                    | 4   | 8               | 151.38          |       | 18.92   | .002     | 37.      | 85 |    | .04     |
| ADULT DAY HEALTH CARE CTR      | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| GENETIC DISEASE TESTING        | 2   | 2               | 210.00          | 1     | .05.00  | .001     | 105.     | 00 |    | .06     |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| OCCUPATIONAL THERAPIST         | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| OPTICIAN                       | 40  | 104             | 1,043.17        |       | 10.03   | .030     | 26.      | 80 |    | .30     |
| PHYSICAL THERAPIST             | 2   | 17              | 259.24          |       | 15.25   | .005     | 129.     | 62 |    | .08     |
| PORTABLE X-RAY                 | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| PROSTHETIST/ORTHOTISTS         | 3   | 3               | 188.72          |       | 62.91   | .001     | 62.      | 91 |    | .06     |
| PROSTHETICS                    | 3   | 3               | 188.72          |       | 62.91   | .001     | 62.      | 91 |    | .06     |
| ORTHOTICS                      | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| PSYCHOLOGIST                   | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| SPEECH AND AUDIOLOGY           | 1   | 2               | 88.99           |       | 44.50   | .001     | 88.      | 99 |    | .03     |
| HOSPICE SERVICES               | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| NONINST BIRTHING CENTERS       | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| LOCAL EDUCATION AGENCIES       | 56  | 415             | 4,328.73        |       | 10.43   | .121     | 77.      | 30 |    | 1.27    |
| EPSDT SUPPLEMENTAL SERVICE     | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| RESPIRATORY CARE PRACT.        | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| PED SUBACUTE REHAB/WEANING     | 0   | 0               | .00             |       | .00     | .000     |          | 00 |    | .00     |
| ALL OTHER PROVIDERS            | 15  | 4,031           | 637.98          |       | .16     | 1.178    | 42.      | 53 |    | .19     |
| @CALIF. CHILDREN SERVICES*     | 75  | 473             | \$<br>79,726.82 | \$ 1  | 68.56   | .138     | \$ 1063. | 02 | \$ | 23.31   |
| @XOVER EXCLUDING STATE HOSP**  | 37  | 291             | \$<br>5,983.62  | \$    | 20.56   | .085     | \$ 161.  | 72 | \$ | 1.75    |

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,861 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

|       |          |                            |  |                        |                        | MO                     | A CICITA A TITUITA  | CE  |
|-------|----------|----------------------------|--|------------------------|------------------------|------------------------|---|---|
|       |          |                            |  |                        |                        | ===== MO               | NTHLY AVERA   | GE  |
| USERS | UNITS OF | SERVICE                    | <u> </u>                                   | EXPENDITURES           | AVERAGE COST           | UNITS/DAYS             | COST PER  | COST PER  |
|       | OR DAYS  | OF CARE                    | 2  |                        | PER UNIT/DAY           | PER ELIG               | USER  | ELIGIBLE  |
| 1,091 | 41       | ,260                       | \$   | 953 <b>,</b> 657.99    | \$ 23.11               | 23.850                 | \$ 874.11   | \$ 551.25   |
| 145   |          | 362                        | \$   | 5,237.19               | \$ 14.47               | .209                   | \$ 36.12  | \$ 3.03   |
| 13    |          | 16                         |  | 370.70                 | 23.17                  | .009                   | 28.52   | .21   |
| 13    |          | 16                         |  | 370.70                 | 23.17                  | .009                   | 28.52   | .21   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
| 0     |          | 0                          |  | .00                    | .00                    | .000                   | .00   | .00   |
|       | 145      | OR DAYS<br>1,091 41<br>145 | OR DAYS OF CARE 1,091 41,260 145 362 13 16 | OR DAYS OF CARE  1,091 | OR DAYS OF CARE  1,091 | OR DAYS OF CARE  1,091 | OR DAYS OF CARE         PER UNIT/DAY PER ELIG           1,091         41,260         \$ 953,657.99         \$ 23.11         23.850           145         362         \$ 5,237.19         \$ 14.47         .209           13         16         370.70         23.17         .009           13         16         370.70         23.17         .009           0         0         .00         .00         .00         .000           0         0         .00         .00         .000         .000         .000           0         0         .00         .00         .000 | OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           1,091         41,260         \$ 953,657.99         \$ 23.11         23.850         \$ 874.11           145         362         \$ 5,237.19         \$ 14.47         .209         \$ 36.12           13         16         370.70         23.17         .009         28.52           13         16         370.70         23.17         .009         28.52           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00 |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT HOSPITAL SURGERY | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
|----------------------------|-------------------|------------------|--------|-----------------------------|---------|-------------|------------|-----|-----------|----|------------|
| PRINCIPAL SURGEON          | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| ASSISTANT SURGEON          | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| ANESTHESIOLOGIST           | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| OUTPATIENT SURGERY         | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| PRINCIPAL SURGEON          | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| ASSISTANT SURGEON          | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| ANESTHESIOLOGIST           | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| DIALYSIS                   | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| PATHOLOGY                  | 3                 | 6                |        | 28.93                       |         | 4.82        | .003       |     | 9.64      |    | .02        |
| RADIOLOGY                  | 2                 | 3                |        | 99.08                       |         | 33.03       | .002       |     | 49.54     |    | .06        |
| PSYCHIATRY                 | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| IMMUNIZATION AND INJECTION | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| OTHER SERVICES/ALL X-OVERS | 132               | 337              |        | 4,738.48                    |         | 14.06       | .195       |     | 35.90     |    | 2.74       |
| @PHARMACY                  | 750               | 17,704           | \$     | 178,376.00                  | \$      | 10.08       | 10.234     | \$  | 237.83    | \$ | 103.11     |
| PRESCRIPTION DRUGS         | 728               | 2,929            |        | 171,167.12                  |         | 58.44       | 1.693      | ·   | 235.12    |    | 98.94      |
| SNF/ICF                    | 248               | 1,244            |        | 69,920.19                   |         | 56.21       | .719       |     | 281.94    |    | 40.42      |
| OUTPATIENTS                | 486               | 1,685            |        | 101,246.93                  |         | 60.09       | .974       |     | 208.33    |    | 58.52      |
| MEDICAL SUPPLIES           | 76                | 14,775           |        | 7,208.88                    |         | .49         | 8.540      |     | 94.85     |    | 4.17       |
| @DENTIST                   | 36                | 85               | Ś      | 3,236.25                    | \$      | 38.07       | .049       | Ś   | 89.90     | Ś  | 1.87       |
| VISITS - DIAGNOSTIC        | 29                | 72               |        | 1,380.25                    | '       | 19.17       | .042       |     | 47.59     |    | .80        |
| ORAL SURGERY               | 4                 | 5                |        | 83.00                       |         | 16.60       | .003       |     | 20.75     |    | .05        |
| DRUGS                      | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| ANESTHESIA                 | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| PERIODONTICS               | 1                 | 1                |        | 118.00                      |         | 118.00      | .001       |     | 118.00    |    | .07        |
| ENDODONTICS                | _<br>1            | _<br>1           |        | 330.00                      |         | 330.00      | .001       |     | 330.00    |    | .19        |
| RESTORATIVE DENTISTRY      | 1                 | 1                |        | 55.00                       |         | 55.00       | .001       |     | 55.00     |    | .03        |
| PROSTHETICS                | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| DENTURES, STAYPLATES       | 4                 | 5                |        | 1,270.00                    |         | 254.00      | .003       |     | 317.50    |    | .73        |
| SPACE MAINTAINERS          | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| MAXILLOFACIAL SERVICES     | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| FRACTURES, DISLOCATIONS    | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| ORTHODONTIC SERVICES       | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| ALL OTHER SERVICES         | 1                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE  | •                | RES N  | MONTH-OF-PAYMENT RE         | .PORT   |             |            | DEC |           | P  | AGE 10,862 |
| MOP024                     | FEE-FOR-SERVICE   |                  | ICED I | TOTALITY OF THE PROPERTY OF | 11 01(1 | 101( 0111 2 | 2001 11110 | DLC | 2001      |    | 03/14/05   |
| SACRAMENTO COUNTY          |                   |                  | CASES  | S- AGED IN PA-AGED          |         | AID CODE    | 7 TE       |     |           |    | 00/11/00   |
| SHORIMINTO COUNTY          | DOIMMING OF BEING | IODO IOR ORRIGO  | 021011 | 7 11011 111 11011           |         | 1112 0021   |            | ONT | HLY AVERA | GE |            |
| 1,730 ELIGIBLES            | USERS             | UNITS OF SERVICE | E      | EXPENDITURES                | AVE     | RAGE COST   |            |     |           |    | COST PER   |
| 1, 100 221012220           | 0.221.0           | OR DAYS OF CAR   |        | 2111 2113 1 1 0 1 1 2 2     |         | UNIT/DAY    |            |     | USER      |    | ELIGIBLE   |
| @OPTOMETRIST               | 21                | 48               | \$     | 825.75                      | Ś       |             | .028       |     | 39.32     |    | .48        |
| DIAGNOSTIC AND ANC. PROCED | 11                | 11               | -      | 256.50                      | ,       | 23.32       | .006       | 7   | 23.32     | 4  | .15        |
| EYE APPLIANCES             | 12                | 37               |        | 569.25                      |         | 15.39       | .021       |     | 47.44     |    | .33        |
| OTHER OPTOMETRIC SERVICES  | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| @CHIROPRACTOR              | 0                 | 0                | \$     | .00                         | \$      | .00         | .000       | Ś   | .00       | \$ | .00        |
| VISITS                     | 0                 | 0                | т.     | .00                         | т'      | .00         | .000       | -T  | .00       | ٠, | .00        |
| OTHER SERVICES             | 0                 | 0                |        | .00                         |         | .00         | .000       |     | .00       |    | .00        |
| @PODIATRIST                | 44                | 58               | \$     | 487.12                      | \$      | 8.40        | .034       | Ś   | 11.07     | Ś  | .28        |
| GIODIAINIDI                |                   | 50               | Ψ.     | 407.12                      | ~       | 0.40        | .001       | ~   | 11.07     | ~  | .20        |

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MEDICINE/INJECTIONS

PEDIATRIC NURSE PRACTITIONER

SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

NURSE MIDWIFE

0

0

1

0

44

| FAMILY NURSE PRACTITIONER   | 0               | 0   | \$     | .00              | \$ .00        | .000           | \$ .00        | \$ .00      |    |
|---|-----------------|---|--------|------------------|---------------|----------------|---------------|-------------|----|
| @TOTAL HOSPITAL   | 58              | 444   | \$     | 24,176.18        |               | .257           |               |             |    |
| HOSP INPATIENT TOTAL  |                 |   |        | 17,116.02        | 1222.57       | .008           | 2445.15       | 9.89        |    |
| HSC HOSPITALS   | 4               | 14  |        | 14,983.35        | 1070.24       | .008           | 3745.84       | 8.66        |    |
| NON-HSC HOSPITAL TOTAL  | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ACCOMMODATIONS  | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ADMINISTRATIVE DAYS   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
|   | 0               | 0   |        | .00              | .00           |                | .00           | .00         |    |
| ALL OTHER ACCOM   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ALL OTHER ACCOM   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ANCILLARIES   | 0               | 0   |        | 2,132.67         | .00           | .000           | 710.89        | 1.23        |    |
| TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL | 3               | 0   |        |                  |               |                |               |             |    |
| HOSP OUTPATIENT TOTAL   | U<br>E1         | 420   |        | .00<br>7,060.16  | .00           | .000           | .00<br>138.43 | .00<br>4.08 |    |
| HOSP OUTPATIENT TOTAL   | 0               | 14<br>14<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>430 |        | •                | 16.42         | .249           |               |             |    |
| MEDICAL   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| SURGERY   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| PATHOLOGY   | Ţ               | 15  |        | 41.97            | 2.80          | .009           | 41.97         | .02         |    |
| RADIOLOGY   | U               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ROOM USE  | 1               | 1   |        | 33.99            | 33.99         | .001           | 33.99         | .02         |    |
| CROSSOVERS/ALL OTH OUTPTNT  |                 | 414   |        | 6,984.20         | 16.87         | .239           | 142.53        | 4.04        |    |
| @COUNTY HOSPITAL TOTAL  | 1               | 2   | \$     | 1.77             | ·             | .001           | •             |             |    |
| CO HOSPITAL INPATIENT TOTAL   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| HSC HOSPITALS   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| NON-HSC HOSPITALS TOTAL   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ACCOMMODATIONS  | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ADMINISTRATIVE DAYS   | 0               | 0   |        | .00              | .00           | .000           |               | .00         |    |
| TRANSITIONAL IP CARE  | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ALL OTHER ACCOM   | 0               | 0   |        | .00              | .00           | .000           |               | .00         |    |
| ANCILLARIES   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| INPATIENT CROSSOVERS  | 0               | 0   |        | .00              | .00           | .000           |               | .00         |    |
| ALL OTHER INPATIENT   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| CO HOSP OUTPATIENT TOTAL  | 1               | 2   |        | 1.77             | .89           | .001           | 1.77          | .00         |    |
| MEDICAL   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| SURGERY   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| PATHOLOGY   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| RADIOLOGY   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ROOM USE  | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| CROSSOVERS/ALL OTH OUTPTNT  | 1               | 2   |        | 1.77             | .89           | .001           | 1.77          | .00         |    |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC | ES AND EXPENDITUR   | ES MON | TH-OF-PAYMENT RE | EPORT FOR JAN | 1 2004 THRU DI | EC 2004       | PAGE 10,86  | 63 |
| MOP024  | FEE-FOR-SERVICE | /DENTAL   |        |                  |               |                |               | 03/14/0     | 05 |
| SACRAMENTO COUNTY   | SUMMARY OF SERV | ICES FOR CRAIG C  | ASES-  | AGED IN PA-AGED  | AID CC        | DE 1E          |               |             |    |
|   |                 |   |        |                  |               | MOI            | NTHLY AVERA   | GE          |    |
| 1,730 ELIGIBLES   | USERS           | UNITS OF SERVICE  |        | EXPENDITURES     | AVERAGE COS   | T UNITS/DAYS   | COST PER      | COST PER    |    |
|   |                 | OR DAYS OF CARE   |        |                  | PER UNIT/DA   | Y PER ELIG     | USER          | ELIGIBLE    |    |
| @COMMUNITY HOSPITAL TOTAL   | 57              | 442   | \$     | 24,174.41        | \$ 54.69      | .255           | \$ 424.11     | \$ 13.97    |    |
| COMM HOSP INPATIENT TOTAL   | 7<br>4          | 14  |        | 17,116.02        | 1222.57       | .008           | 2445.15       | 9.89        |    |
| HSC HOSPITALS   | 4               |   |        | 14,983.35        | 1070.24       | .008           | 3745.84       | 8.66        |    |
| NON-HSC HOSPITALS TOTAL   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ACCOMMODATIONS  | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ADMINISTRATIVE DAYS   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| TRANSITIONAL IP CARE  | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ALL OTHER ACCOM   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| ANCILLARIES   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| INPATIENT CROSSOVERS  | 3               | 0   |        | 2,132.67         | .00           | .000           | 710.89        | 1.23        |    |
| ALL OTHER INPATIENT   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
| COMM HOSP OUTPATIENT TOTAL  | 50              | 428   |        | 7,058.39         | 16.49         | .247           | 141.17        | 4.08        |    |
| MEDICAL   | 0               | 0   |        | .00              | .00           | .000           | .00           | .00         |    |
|   | -               | -   |        | <del>-</del>     |               |                |               |             |    |

| SURGERY                      | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
|------------------------------|-----|-------|---------------------|--------------|-------|---------------|--------------|
| PATHOLOGY                    | 1   | 15    | 41.97               | 2.80         | .009  | 41.97         | .02          |
| RADIOLOGY                    | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| ROOM USE                     | 1   | 1     | 33.99               | 33.99        | .001  | 33.99         | .02          |
| CROSSOVERS/ALL OTH OUTPINT   | 48  | 412   | 6,982.43            | 16.95        | .238  | 145.47        | 4.04         |
| @STATE HOSPITAL              | 0   | 0     | \$<br>.00           | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| MENTALLY ILL                 | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| DEVELOP. DISABLED            | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| @NURSING FACILITY            | 257 | 5,584 | \$<br>692,285.40    | \$<br>123.98 | 3.228 | \$<br>2693.72 | \$<br>400.16 |
| LEV A-INTERMEDIATE           | 9   | 253   | 17,188.82           | 67.94        | .146  | 1909.87       | 9.94         |
| LEV B-REHAB MD               | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| LEV B-SUBACUTE FREESTANDING  | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| LEV B-SUBACUTE HSPTL BASED   | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| LEV B-TRANSITIONAL IP CARE   | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| LEV B-REGULAR                | 248 | 5,331 | 675 <b>,</b> 096.58 | 126.64       | 3.082 | 2722.16       | 390.23       |
| @INTERMEDIATE CARE FACILDD   | 0   | 0     | \$<br>.00           | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| ICF DDH                      | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| ICF DD                       | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| ICF DDN/DDCN                 | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| @HEMODIALYSIS TOTAL          | 2   | 6     | \$<br>1,733.01      | \$<br>288.84 | .003  | \$<br>866.51  | \$<br>1.00   |
| HOSPITAL BASED               | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| HEMODIALYSIS CENTER          | 2   | 6     | 1,733.01            | 288.84       | .003  | 866.51        | 1.00         |
| @REHABILITATION FACILITY     | 0   | 0     | \$<br>.00           | \$<br>.00    | .000  | \$<br>.00     | \$<br>.00    |
| HOSPITAL BASED               | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| INDEPENDENT FACILITY         | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| @LABORATORY FACILITY         | 6   | 20    | \$<br>217.31        | \$<br>10.87  | .012  | \$<br>36.22   | \$<br>.13    |
| PATHOLOGY                    | 6   | 20    | 217.31              | 10.87        | .012  | 36.22         | .13          |
| XO AND OTHERS                | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
| @ORGANIZED OUTPATIENT CLINIC | 5   | 11    | \$<br>650.77        | \$<br>59.16  | .006  | \$<br>130.15  | \$<br>.38    |
| CLINIC                       | 1   | 2     | 73.61               | 36.81        | .001  | 73.61         | .04          |
| SURGICENTER                  | 2   | 5     | 413.53              | 82.71        | .003  | 206.77        | .24          |
| HEROIN DETOX CLINIC          | 0   | 0     | .00                 | .00          | .000  | .00           | .00          |
|                              |     |       |                     |              |       |               |              |

RURAL HEALTH CLINIC 4 163.63 40.91 .002 81.82 .09 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,864 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

| 01101411111110 00011111        | 001111111111111111111111111111111111111 | -0 -010 0141-0 0 |           |              | 1110 000.    |            |             |          |
|--------------------------------|---|------------------|-----------|--------------|--------------|------------|-------------|----------|
|                                |   |                  |           |              |              | MC         | NTHLY AVERA | GE       |
| 1,730 ELIGIBLES                | USERS UN                                | NITS OF SERVICE  | H         | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER    | COST PER |
|                                |   | OR DAYS OF CARE  |           |              | PER UNIT/DAY | PER ELIG   | USER        | ELIGIBLE |
| @ALL OTHER PROVIDERS           | 217                                     | 16,930           | \$        | 46,410.84    | \$ 2.74      | 9.786      | \$ 213.87   | \$ 26.83 |
| DURABLE MED. EQUIP.            | 11                                      | 87               |           | 10,185.15    | 117.07       | .050       | 925.92      | 5.89     |
| BLOOD BANK                     | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| HEARING AID DISPENSERS         | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| MEDICAL TRANSPORTATION         | 51                                      | 1,141            |           | 4,214.03     | 3.69         | .660       | 82.63       | 2.44     |
| AMBULANCES/AIR TRANS           | 2                                       | 3                |           | 131.63       | 43.88        | .002       | 65.82       | .08      |
| OTHER TRANS                    | 43                                      | 1,077            |           | 3,849.41     | 3.57         | .623       | 89.52       | 2.23     |
| OTHER SERVICES                 | 8                                       | 61               |           | 232.99       | 3.82         | .035       | 29.12       | .13      |
| ACUPUNCTURE                    | 5                                       | 9                |           | 167.60       | 18.62        | .005       | 33.52       | .10      |
| ADULT DAY HEALTH CARE CTR      | 22                                      | 183              |           | 12,732.13    | 69.57        | .106       | 578.73      | 7.36     |
| GENETIC DISEASE TESTING        | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 1                                       | 3                |           | 270.00       | 90.00        | .002       | 270.00      | .16      |
| OCCUPATIONAL THERAPIST         | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| OPTICIAN                       | 17                                      | 44               |           | 436.38       | 9.92         | .025       | 25.67       | .25      |
| PHYSICAL THERAPIST             | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| PORTABLE X-RAY                 | 18                                      | 27               |           | 16.17        | .60          | .016       | .90         | .01      |
| PROSTHETIST/ORTHOTISTS         | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| PROSTHETICS                    | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| ORTHOTICS                      | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| PSYCHOLOGIST                   | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| SPEECH AND AUDIOLOGY           | 8                                       | 9                |           | 399.55       | 44.39        | .005       | 49.94       | .23      |
| HOSPICE SERVICES               | 5                                       | 96               |           | 12,256.24    | 127.67       | .055       | 2451.25     | 7.08     |
| NONINST BIRTHING CENTERS       | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| LOCAL EDUCATION AGENCIES       | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| EPSDT SUPPLEMENTAL SERVICE     | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| RESPIRATORY CARE PRACT.        | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| PED SUBACUTE REHAB/WEANING     | 0                                       | 0                |           | .00          | .00          | .000       | .00         | .00      |
| ALL OTHER PROVIDERS            | 88                                      | 15,331           |           | 5,733.59     | .37          | 8.862      | 65.15       | 3.31     |
| @CALIF. CHILDREN SERVICES*     | 0                                       | 0                | \$        | .00          | \$ .00       | .000       | \$ .00      | \$ .00   |
| @XOVER EXCLUDING STATE HOSP**  | 347                                     | 3,230            | \$        | 67,188.75    | \$ 20.80     | 1.867      | \$ 193.63   | \$ 38.84 |
| 0* TOTALS IN THESE LINES ARE ( | GIVEN AS A SEPARATE                     | E INFORMATION I  | TEM ONLY; | ;            |              |            |             |          |

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,865 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

|                       |       |                   |              |              | MON        | THLY AVERA | GE        |
|-----------------------|-------|-------------------|--------------|--------------|------------|------------|-----------|
| 195 ELIGIBLES         | USERS | UNITS OF SERVICE  | EXPENDITURES | AVERAGE COST | UNITS/DAYS | COST PER   | COST PER  |
|                       |       | OR DAYS OF CARE   |              | PER UNIT/DAY | PER ELIG   | USER       | ELIGIBLE  |
| @TOTAL, ALL PROVIDERS | 99    | 6 <b>,</b> 879 \$ | 59,906.08    | \$ 8.71      | 35.277     | 605.11     | \$ 307.21 |
| @PHYSICIANS SERVICES  | 24    | 69 \$             | 3,418.31     | \$ 49.54     | .354       | 142.43     | \$ 17.53  |
| OUTPATIENT VISITS     | 9     | 12                | 426.42       | 35.54        | .062       | 47.38      | 2.19      |
| OFFICE VISITS         | 4     | 4                 | 136.59       | 34.15        | .021       | 34.15      | .70       |
| HOME VISITS           | 0     | 0                 | .00          | .00          | .000       | .00        | .00       |
| EMERGENCY ROOM        | 2     | 2                 | 163.83       | 81.92        | .010       | 81.92      | .84       |
| PREVENTIVE CARE       | 0     | 0                 | .00          | .00          | .000       | .00        | .00       |
| OB VISITS/COMPRE PERI | 0     | 0                 | .00          | .00          | .000       | .00        | .00       |
| OTHER OUTPATIENT      | 4     | 6                 | 126.00       | 21.00        | .031       | 31.50      | .65       |
| INPATIENT VISITS      | 3     | 18                | 1,520.03     | 84.45        | .092       | 506.68     | 7.80      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| HOSPITAL VISITS                         | 3               |            | 16     |          | 901.83            |       | 56.36       | .082        |     | 300.61    |       | 4.62      |
|---|-----------------|------------|--------|----------|-------------------|-------|-------------|-------------|-----|-----------|-------|-----------|
| CRITICAL CARE                           | 1               |            | 2      |          | 618.20            |       | 309.10      | .010        |     | 618.20    |       | 3.17      |
| SNF/ICF/TRANS IP CARE                   | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| OPHTHALMOLOGICAL SERVICES               | 1               |            | 2      |          | 74.30             |       | 37.15       | .010        |     | 74.30     |       | .38       |
| EXAMINATIONS                            | 1               |            | 2      |          | 74.30             |       | 37.15       | .010        |     | 74.30     |       | .38       |
| SERVICES AND MATERIALS                  | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| INPATIENT HOSPITAL SURGERY              | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| PRINCIPAL SURGEON                       | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| ASSISTANT SURGEON                       | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| ANESTHESIOLOGIST                        | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| OUTPATIENT SURGERY                      | 1               |            | 1      |          | 90.00             |       | 90.00       | .005        |     | 90.00     |       | .46       |
| PRINCIPAL SURGEON                       | 1               |            | 1      |          | 90.00             |       | 90.00       | .005        |     | 90.00     |       | .46       |
| ASSISTANT SURGEON                       | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| ANESTHESIOLOGIST                        | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| DIALYSIS                                | 0               |            | Ö      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| PATHOLOGY                               | 1               |            | 3      |          | 7.06              |       | 2.35        | .015        |     | 7.06      |       | .04       |
| RADIOLOGY                               | 2               |            | 5      |          | 365.05            |       | 73.01       | .026        |     | 182.53    |       | 1.87      |
| PSYCHIATRY                              | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| IMMUNIZATION AND INJECTION              | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| OTHER SERVICES/ALL X-OVERS              | 14              |            | 28     |          | 935.45            |       | 33.41       | .144        |     | 66.82     |       | 4.80      |
| @PHARMACY                               | 68              | 6          | 416    | \$       | 16,017.87         | \$    | 2.50        | 32.903      | Ċ   | 235.56    | Ċ     | 82.14     |
| PRESCRIPTION DRUGS                      | 60              | •          | 208    | Ÿ        | 15,017.52         | Ÿ     | 72.20       | 1.067       | Y   | 250.29    | Ÿ     | 77.01     |
| SNF/ICF                                 | 11              |            | 57     |          | 2,236.04          |       | 39.23       | .292        |     | 203.28    |       | 11.47     |
| OUTPATIENTS                             | 50              |            | 151    |          | 12,781.48         |       | 84.65       | .774        |     | 255.63    |       | 65.55     |
| MEDICAL SUPPLIES                        | 10              |            | 208    |          | 1,000.35          |       | .16         | 31.836      |     | 100.04    |       | 5.13      |
| @DENTIST                                | 5               | Ο,         | 18     | Ś        | 860.00            | Ś     | 47.78       | .092        | ċ   |           | ċ     | 4.41      |
| •                                       | 4               |            | 6      | Ą        |                   | Ą     | 17.17       | .032        | Ş   | 25.75     | Ą     | .53       |
| VISITS - DIAGNOSTIC                     | 1               |            | 9      |          | 103.00            |       |             |             |     |           |       |           |
| ORAL SURGERY                            | 1               |            | 0      |          | 349.00            |       | 38.78       | .046        |     | 349.00    |       | 1.79      |
| DRUGS                                   | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| ANESTHESIA                              | 0               |            |        |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| PERIODONTICS                            | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| ENDODONTICS                             | 1               |            | 1      |          | 330.00            |       | 330.00      | .005        |     | 330.00    |       | 1.69      |
| RESTORATIVE DENTISTRY                   | 1               |            | 1      |          | 48.00             |       | 48.00       | .005        |     | 48.00     |       | .25       |
| PROSTHETICS                             | 1               |            | 1      |          | 30.00             |       | 30.00       | .005        |     | 30.00     |       | .15       |
| DENTURES, STAYPLATES                    | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| SPACE MAINTAINERS                       | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| MAXILLOFACIAL SERVICES                  | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| FRACTURES, DISLOCATIONS                 | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| ORTHODONTIC SERVICES                    | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| ALL OTHER SERVICES                      | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| #CALIF DEPT OF HEALTH SERV              |                 |            | NDITU  | RES MO   | NTH-OF-PAYMENT RE | EPOR: | r for jan 2 | 2004 THRU D | EC  | 2004      | PA    | GE 10,866 |
| MOP024                                  | FEE-FOR-SERVICE | :/DENTAL   |        |          |                   |       |             |             |     |           |       | 03/14/05  |
| SACRAMENTO COUNTY                       | SUMMARY OF SERV | ICES FOR C | RAIG ( | CASES-   | BLIND IN PA-BLIN  | ND    | AID CODE    | 2E          |     |           |       |           |
|   |                 |            |        |          |                   |       |             | MC          | NTE | HLY AVERA | .GE - |           |
| 195 ELIGIBLES                           | USERS           | UNITS OF S | ERVIC  | E        | EXPENDITURES      | AVI   | ERAGE COST  | UNITS/DAYS  | (   | COST PER  | C     | OST PER   |
|   |                 | OR DAYS O  | F CAR  | E        |                   | PEF   | R UNIT/DAY  | PER ELIG    |     | USER      |       | LIGIBLE   |
| @OPTOMETRIST                            | 1               |            | 4      | \$       | 112.61            | \$    | 28.15       | .021        | \$  | 112.61    | \$    | .58       |
| DIAGNOSTIC AND ANC. PROCED              | 0               |            | 0      |          | .00               |       | .00         | .000        |     | .00       |       | .00       |
| EYE APPLIANCES                          | 1               |            | 3      |          | 53.11             |       | 17.70       | .015        |     | 53.11     |       | .27       |
| OTHER OPTOMETRIC SERVICES               | 1               |            | 1      |          | 59.50             |       | 59.50       | .005        |     | 59.50     |       | .31       |
| 000000000000000000000000000000000000000 | 0               |            | ^      | <u>^</u> | 0.0               | ~     | 0.0         | 0.00        | _   | 0.0       | ^     | 0.0       |

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@CHIROPRACTOR

OTHER SERVICES

SURGERY/ANES.

MEDICINE/INJECTIONS

VISITS

@PODIATRIST

| RADIO./PATHOLOGY   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
|--|--------------------|-------------------|---------------------|---------------|--------------|----------|-------------|
| OTHER  | 2                  | 2                 | 32.53               | 16.27         | .010         | 16.27    | .17         |
| @HOME HEALTH AGENCY  | 0                  | 0 \$              | .00                 | \$ .00        | .000 \$      |          | \$ .00      |
| NURSE ANESTHESIST  | 0                  | 0 \$              | .00                 | \$ .00        | .000 \$      |          | \$ .00      |
| NURSE MIDWIFE  | 0                  | 0 \$              | .00                 | \$ .00        | .000 \$      |          | \$ .00      |
| PEDIATRIC NURSE PRACTITIONER   | 0                  | 0 \$              | .00                 | \$ .00        | .000 \$      |          | \$ .00      |
| FAMILY NURSE PRACTITIONER  | 0                  | 0 \$              | .00                 | \$ .00        | .000 \$      |          | \$ .00      |
| @TOTAL HOSPITAL  | 15                 | 63 \$             | 10,428.23           | \$ 165.53     | .323 \$      |          |             |
| HOSP INPATIENT TOTAL   | 1                  | 8                 | 9,535.00            | 1191.88       | .041         | 9535.00  | 48.90       |
| HSC HOSPITALS  | ±<br>1             | Q                 | 9,535.00            | 1191.88       | .041         | 9535.00  | 48.90       |
| NON-HSC HOSPITAL TOTAL   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ACCOMMODATIONS   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ADMINISTRATIVE DAYS  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| TRANSITIONAL IP CARE   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ALL OTHER ACCOM  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ANCILLARIES  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| INPATIENT CROSSOVERS   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ALL OTHER INPATIENT  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| HOSP OUTPATIENT TOTAL  | 14                 | 55                | 893.23              | 16.24         | .282         | 63.80    | 4.58        |
| MEDICAL  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| SURGERY  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| PATHOLOGY  | 1                  | 3                 | 44.07               | 14.69         | .015         | 44.07    | .23         |
| RADIOLOGY  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ROOM USE   | 6                  | 7                 | 232.16              | 33.17         | .036         | 38.69    | 1.19        |
| CROSSOVERS/ALL OTH OUTPTNT   | 10                 | 45                | 617.00              | 13.71         | .231         | 61.70    | 3.16        |
| @COUNTY HOSPITAL TOTAL   | 0                  | 0 \$              | .00                 | \$ .00        | .000 \$      |          |             |
| CO HOSPITAL INPATIENT TOTAL  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| HSC HOSPITALS  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| NON-HSC HOSPITALS TOTAL  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ACCOMMODATIONS   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ADMINISTRATIVE DAYS  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| TRANSITIONAL IP CARE   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ALL OTHER ACCOM  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ANCILLARIES  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| INPATIENT CROSSOVERS   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ALL OTHER INPATIENT  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| CO HOSP OUTPATIENT TOTAL   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| MEDICAL  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| SURGERY  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| PATHOLOGY  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| RADIOLOGY  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ROOM USE   | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| CROSSOVERS/ALL OTH OUTPTNT   |                    | 0                 | .00                 | .00           | .000         | .00      | .00         |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICES  |                   | MONTH-OF-PAYMENT RI | EPORT FOR JAN | 2004 THRU DE | C 2004   | PAGE 10,867 |
| MOP024   | FEE-FOR-SERVICE/DE |                   |                     |               |              |          | 03/14/05    |
| SACRAMENTO COUNTY  | SUMMARY OF SERVICE | S FOR CRAIG CASES | S- BLIND IN PA-BLI  | ND AID COD    |              |          |             |
| 105  |                    |                   |                     |               |              |          | GE          |
| 195 ELIGIBLES  |                    | ITS OF SERVICE    | EXPENDITURES        | AVERAGE COST  |              | COST PER | COST PER    |
| 0.0000 |                    | R DAYS OF CARE    | 10 100 00           | PER UNIT/DAY  |              | USER     | ELIGIBLE    |
| @COMMUNITY HOSPITAL TOTAL  | 15                 | 63 \$             | 10,428.23           | \$ 165.53     | .323 \$      |          |             |
| COMM HOSP INPATIENT TOTAL  | 1                  | 8                 | 9,535.00            | 1191.88       | .041         | 9535.00  | 48.90       |
| HSC HOSPITALS  | 1                  | 8                 | 9,535.00            | 1191.88       | .041         | 9535.00  | 48.90       |
| NON-HSC HOSPITALS TOTAL  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| ACCOMMODATIONS   | 0                  | •                 | .00                 | .00           | .000         | .00      | .00         |
| ADMINISTRATIVE DAYS  | 0                  | 0                 | .00                 | .00           | .000         | .00      | .00         |
| TRANSITIONAL IP CARE   | U                  | U                 | .00                 | .00           | .000         | .00      | .00         |

| ALL OTHER ACCOM  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
|--|-----------------|----------------|-----------|-------------------|----------|--------------|-------------|----------|-----------|----------|-------------|
| ANCILLARIES  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| INPATIENT CROSSOVERS                                   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| ALL OTHER INPATIENT                                    | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| COMM HOSP OUTPATIENT TOTAL                             | 14              | 55             |           | 893.23            |          | 16.24        | .282        |          | 63.80     |          | 4.58        |
| MEDICAL  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| SURGERY  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| PATHOLOGY  | 1               | 3              |           | 44.07             |          | 14.69        | .015        |          | 44.07     |          | .23         |
| RADIOLOGY  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| ROOM USE   | 6               | 7              |           | 232.16            |          | 33.17        | .036        |          | 38.69     |          | 1.19        |
| CROSSOVERS/ALL OTH OUTPTNT                             |                 | 45             |           | 617.00            |          | 13.71        | .231        |          | 61.70     |          | 3.16        |
| @STATE HOSPITAL  | 0               | 0              | \$        | .00               | \$       | .00          | .000        | \$       | .00       | \$       | .00         |
| MENTALLY ILL   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| DEVELOP. DISABLED                                      | 0               | 0              | <b>A</b>  | .00               | <u> </u> | .00          | .000        | <u> </u> | .00       | <u> </u> | .00         |
| @NURSING FACILITY                                      | 8               | 172<br>0       | \$        | 26,634.67         | \$       | 154.85       | .882        | \$       | 3329.33   | \$       | 136.59      |
| LEV A-INTERMEDIATE                                     | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING             | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| LEV B-SUBACUTE HSFIL BASED LEV B-TRANSITIONAL IP CARE  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| LEV B TRANSTITIONAL IF CARE                            | 8               | 172            |           | 26,634.67         |          | 154.85       | .882        |          | 3329.33   |          | 136.59      |
| @INTERMEDIATE CARE FACILDD                             | 0               | 0              | Ś         | .00               | \$       | .00          | .000        | Ś        | .00       | Ś        | .00         |
| ICF DDH  | 0               | 0              | Υ         | .00               | Υ        | .00          | .000        | Ψ        | .00       | ٧        | .00         |
| ICF DD   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| ICF DDN/DDCN   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| @HEMODIALYSIS TOTAL                                    | 1               | 1              | \$        | 439.74            | \$       | 439.74       | .005        | \$       | 439.74    | \$       | 2.26        |
| HOSPITAL BASED   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| HEMODIALYSIS CENTER                                    | 1               | 1              |           | 439.74            |          | 439.74       | .005        |          | 439.74    |          | 2.26        |
| @REHABILITATION FACILITY                               | 1               | 3              | \$        | 63.57             | \$       | 21.19        | .015        | \$       | 63.57     | \$       | .33         |
| HOSPITAL BASED   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| INDEPENDENT FACILITY                                   | 1               | 3              |           | 63.57             |          | 21.19        | .015        |          | 63.57     |          | .33         |
| @LABORATORY FACILITY                                   | 3               | 9              | \$        | 71.73             | \$       | 7.97         | .046        | \$       | 23.91     | \$       | .37         |
| PATHOLOGY  | 3               | 9              |           | 71.73             |          | 7.97         | .046        |          | 23.91     |          | .37         |
| XO AND OTHERS  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| @ORGANIZED OUTPATIENT CLINIC                           | 1               | 9              | \$        | 596.36            | \$       | 66.26        | .046        | Ş        | 596.36    | Ş        | 3.06        |
| CLINIC   | 1               | 9              |           | 596.36<br>.00     |          | 66.26<br>.00 | .046        |          | 596.36    |          | 3.06<br>.00 |
| SURGICENTER<br>HEROIN DETOX CLINIC                     | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| RURAL HEALTH CLINIC                                    | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| #CALIF DEPT OF HEALTH SERV                             |                 |                | TRES MO   | ONTH-OF-PAYMENT R | EPORT    |              |             | DEC      |           | P.       | AGE 10,868  |
| MOP024   | FEE-FOR-SERVICE |                | JINDO IIN |                   |          | 1 1010 01110 | 2001 111110 | DLO      | 2001      |          | 03/14/05    |
| SACRAMENTO COUNTY                                      |                 |                | CASES-    | - BLIND IN PA-BLI | ND       | AID COD      | E 2E        |          |           |          | 00/11/00    |
|  |                 |                |           |                   |          |              | N           | IONT     | HLY AVERA | GE -     |             |
| 195 ELIGIBLES  | USERS           | UNITS OF SERVI | CE        | EXPENDITURES      | AVE      | ERAGE COST   | UNITS/DAY   | 'S       | COST PER  | (        | COST PER    |
|  |                 | OR DAYS OF CAR | RE        |                   | PEF      |              | PER ELIC    |          | USER      |          | ELIGIBLE    |
| @ALL OTHER PROVIDERS                                   | 17              | 113            | \$        | 1,230.46          | \$       | 10.89        | .579        |          | 72.38     | \$       | 6.31        |
| DURABLE MED. EQUIP.                                    | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| BLOOD BANK   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| HEARING AID DISPENSERS                                 | 2               | 3              |           | 75.00             |          | 25.00        | .015        |          | 37.50     |          | .38         |
| MEDICAL TRANSPORTATION                                 | 3               | 25             |           | 276.33            |          | 11.05        | .128        |          | 92.11     |          | 1.42        |
| AMBULANCES/AIR TRANS                                   | 1               | 11             |           | 160.03            |          | 14.55        | .056        |          | 160.03    |          | .82         |
| OTHER TRANS  | 2               | 14             |           | 116.30            |          | 8.31         | .072        |          | 58.15     |          | .60         |
| OTHER SERVICES   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| ACUPUNCTURE  | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| ADULT DAY HEALTH CARE CTR<br>GENETIC DISEASE TESTING   | 0               | 0              |           | .00               |          | .00          | .000        |          | .00       |          | .00         |
| GENETIC DISEASE TESTING                                | U               | U              |           | .00               |          | .00          | .000        |          | .00       |          | • 0 0       |

| IHMC, MODEL-NF, NF, AIDS, MSSP | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
|--------------------------------|----|-----|-----------------|--------------|------|---------|------|-------------|
| OCCUPATIONAL THERAPIST         | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| OPTICIAN                       | 2  | 4   | 42.72           | 10.68        | .021 | 21      | .36  | .22         |
| PHYSICAL THERAPIST             | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| PORTABLE X-RAY                 | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| PROSTHETIST/ORTHOTISTS         | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| PROSTHETICS                    | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| ORTHOTICS                      | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| PSYCHOLOGIST                   | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| SPEECH AND AUDIOLOGY           | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| HOSPICE SERVICES               | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| NONINST BIRTHING CENTERS       | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| LOCAL EDUCATION AGENCIES       | 10 | 81  | 836.41          | 10.33        | .415 | 83      | . 64 | 4.29        |
| EPSDT SUPPLEMENTAL SERVICE     | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| RESPIRATORY CARE PRACT.        | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| PED SUBACUTE REHAB/WEANING     | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| ALL OTHER PROVIDERS            | 0  | 0   | .00             | .00          | .000 |         | .00  | .00         |
| @CALIF. CHILDREN SERVICES*     | 9  | 39  | \$<br>14,375.15 | \$<br>368.59 | .200 | \$ 1597 | .24  | \$<br>73.72 |
| @XOVER EXCLUDING STATE HOSP**  | 26 | 158 | \$<br>8,658.20  | \$<br>54.80  | .810 | \$ 333  | .01  | \$<br>44.40 |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,869
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 153,605 \$ 17.242 \$ 587.52 \$ 355.65 @TOTAL, ALL PROVIDERS 5,393 3,168,477.36 \$ 20.63 166,959.65 \$ @PHYSICIANS SERVICES 4,364 38.26 .490 \$ 124.88 \$ 18.74 1,337 31,761.79 47.83 OUTPATIENT VISITS 664 844 37.63 .095 3.57 477 596 19,660.31 32.99 41.22 2.21 OFFICE VISITS .067

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| HOME VISITS   | 3               | 4                        | 206.40               | 51.60           | .000          | 68.80      | .02         |
|---|-----------------|--------------------------|----------------------|-----------------|---------------|------------|-------------|
| EMERGENCY ROOM  | 133             | 155                      | 9,261.83             |                 | .017          | 69.64      | 1.04        |
| PREVENTIVE CARE   | 0               | 0                        | .00                  | .00             | .000          | .00        | .00         |
| OB VISITS/COMPRE PERI   | 1               | 3                        | 181.44               | 60.48           | .000          | 181.44     | .02         |
| OTHER OUTPATIENT  | 76              | 86                       | 2,451.81             | 28.51           | .010          | 32.26      | .28         |
| INPATIENT VISITS  | 100             | 533                      | 23,561.02            | 44.20           | .060          | 235.61     | 2.64        |
| HOSPITAL VISITS   | 81              | 464                      | 18,391.82            | 39.64           | .052          | 227.06     | 2.06        |
| CRITICAL CARE   | 13              | 39                       | 4,192.75             | 107.51          | .004          | 322.52     | .47         |
| SNF/ICF/TRANS IP CARE   | 13<br>19        | 30                       | 976.45               | 107.51<br>32.55 | .003          | 51.39      | .11         |
| OPHTHALMOLOGICAL SERVICES   | 17              | 23                       | 911.49               | 39.63           | .003          | 53.62      | .10         |
| EXAMINATIONS  | 17<br>17        | 23                       | 911.49               | 39.63           | .003          | 53.62      | .10         |
| SERVICES AND MATERIALS  | 0               | 0<br>150                 |                      | .00             | .000          | .00        | .00         |
| INPATIENT HOSPITAL SURGERY  | 32              | 1.50                     | .00<br>24,460.16     | 163.07          | .017          | 764.38     | 2.75        |
| DDINGIDAL GUDGEON   | O.F.            | 37                       | 21,610.29            | 584.06          | .004          | 864.41     | 2.43        |
| ASSISTANT SURGEON   | 2               |                          | 189.26               | 94.63           | .000          | 94.63      | .02         |
| ANESTHESIOLOGIST  | 12              | 2<br>111                 | 2,660.61             | 23.97           | .012          | 221.72     | .30         |
| OUTPATIENT SURGERY  | 74              | 220                      | 17,773.58            | 80.79           | .025          | 240.18     | 2.00        |
| PRINCIPAL SURGEON   | 62              | 85                       | 14,129.80            | 166.23          | .010          | 227.90     | 1.59        |
| AGGETANT GUDCEON  | 1               | 1                        | 232.32               | 232.32          | .000          | 232.32     | .03         |
| ASSISTANT SURGEON   | 1 0             | 134                      | 3,411.46             | 25.46           | .015          | 179.55     | .38         |
| DIALYSIS  | 19              | 1<br>134<br>38           | 2,450.32             | 64.48           | .004          | 245.03     | .28         |
| DIMITOTOCA  | 10              | 218                      | 2,430.32<br>3,795.98 | 17.41           | .024          | 45.73      | .43         |
| ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY   | 0.3             |                          | -                    |                 |               |            |             |
| RADIOLOGY   | 4               | 472<br>8                 | 17,633.91            | 37.36           | .053          | 83.57      | 1.98        |
|   |                 | 8                        | 268.65               | 33.58           | .001          | 67.16      | .03         |
| IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY | 40              | 430                      | 15,284.06            | 35.54           | .048          | 382.10     | 1.72        |
| OTHER SERVICES/ALL X-OVERS  | 540             | 1,428                    | 29,058.69            | 20.35           | .160          | 53.81      | 3.26        |
| @PHARMACY   | 3,316           | 47,987 \$                | 1,145,624.49         |                 | 5.386 \$      |            |             |
| PRESCRIPTION DRUGS  | 3,207           | 12,217                   | 1,068,922.30         | 87.49           | 1.371         | 333.31     | 119.98      |
| SNF/ICF   | 252             | 1,513                    | 119,432.25           | 78.94           | .170          | 473.94     | 13.41       |
| OUTPATIENTS   | 2,972           | 10,704                   | 949,490.05           | 88.70           | 1.201         | 319.48     | 106.58      |
| MEDICAL SUPPLIES  | 290             | 35 <b>,</b> 770          | 76,702.19            | 2.14            | 4.015         | 264.49     | 8.61        |
| @DENTIST  | 267             | 1,123 \$                 | 41,656.60            | \$ 37.09        | .126 \$       | 156.02     |             |
| VISITS - DIAGNOSTIC   | 181             | 782                      | 10,499.95            | 13.43           | .088          | 58.01      | 1.18        |
| ORAL SURGERY  | 43              | 93                       | 5,310.75             | 57.10           | .010          | 123.51     | .60         |
| DRUGS   | 1               | 1<br>1<br>9<br>27<br>144 | .00                  | .00             | .000          | .00        | .00         |
| ANESTHESIA  | 1               | 1                        | .00                  | .00             | .000          | .00        | .00         |
| PERIODONTICS  | 10              | 9                        | 1,226.00<br>6,030.00 | 136.22          | .001          | 122.60     | .14         |
| ENDODONTICS   | 14              | 27                       | .,                   | 223.33          | .003          | 430.71     | .68         |
| RESTORATIVE DENTISTRY   | 72              |                          | 8,278.90             | 57.49           | .016          | 114.98     | .93         |
| PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS   | 0               |                          | .00                  | .00             | .000          | .00        | .00         |
| DENTURES, STAYPLATES  | 24              | 51                       | 10,051.00            | 197.08          | .006          | 418.79     | 1.13        |
| SPACE MAINTAINERS   | 0               | 0                        | .00                  | .00             | .000          | .00        | .00         |
| MAXILLOFACIAL SERVICES  | 0               | Ö                        | .00                  | .00             | .000          | .00        | .00         |
| FRACTURES, DISLOCATIONS   | 0               | 0                        | .00                  | .00             | .000          | .00        | .00         |
| ORTHODONTIC SERVICES  | 4               | 4                        | .00<br>260.00        | 65.00           | .000          | 65.00      | .03         |
| ALL OTHER SERVICES  | 5               | 11                       | .00                  | .00             | .001          | .00        | .00         |
| #CALIF DEPT OF HEALTH SERV  | MEDI-CAL SERVIC | ES AND EXPENDITURES      | MONTH-OF-PAYMENT R   | EPORT FOR JAN   | 2004 THRU DEC | 2004       | PAGE 10,870 |
| MOP024  | FEE-FOR-SERVICE |                          |                      |                 |               |            | 03/14/05    |
| SACRAMENTO COUNTY   | SUMMARY OF SERV | ICES FOR CRAIG CASE      | S- DISABLED IN PA-   | DISABLED AID C  | ODE 6E        |            |             |
|   |                 |                          |                      |                 | MONT          | HLY AVERAC | E           |
| 8,909 ELIGIBLES   | USERS           | UNITS OF SERVICE         | EXPENDITURES         | AVERAGE COST    |               |            | COST PER    |
| ·, · · · · · · · · · · · · · · · · · ·  |                 | OR DAYS OF CARE          |                      | PER UNIT/DAY    |               | USER       | ELIGIBLE    |
| @OPTOMETRIST  | 70              | 213 \$                   | 4,469.16             | \$ 20.98        | .024 \$       | 63.85      |             |
| DIAGNOSTIC AND ANC. PROCED  | 34              | 36                       | 1,487.53             | 41.32           | .004          | 43.75      | .17         |
| EYE APPLIANCES  | 57              | 170                      | 2,697.89             | 15.87           | .019          | 47.33      | .30         |
| OTHER OPTOMETRIC SERVICES   | 4               | 7                        | 283.74               | 40.53           | .001          | 70.94      | .03         |
| OTHER OFFICED DERVICES  | ٦               | 1                        | 203.74               | 40.JJ           | • 001         | , 0 • 2 =  | • • • •     |

| Community Hospitals  | @CHIROPRACTOR              | 4              | 5                 | \$    | 83.60              | \$    | 16.72        | .001      | \$  | 20.90          | \$ | .01      |
|--|----------------------------|----------------|-------------------|-------|--------------------|-------|--------------|-----------|-----|----------------|----|----------|
| NURSE MIDHITE  1 1 10 9 449.67 9 44.97 .001 9 .009 8 .000 9 .000  | VISITS                     | 4              | 5                 |       | 83.60              |       | 16.72        | .001      |     | 20.90          |    | .01      |
| NURSE MIDHITE  1 1 10 9 449.67 9 44.97 .001 9 .009 8 .000 9 .000  | OTHER SERVICES             | 0              | 0                 |       | .00                |       | .00          |           |     |                |    | .00      |
| NURSE MIDHITE  1 1 10 9 449.67 9 44.97 .001 9 .009 8 .000 9 .000  | @PODIATRIST                | 70             | 102               | \$    | 1,765.92           | \$    | 17.31        | .011      | \$  | 25.23          | \$ | .20      |
| NURSE MIDHITE  1 1 10 9 449.67 9 44.97 .001 9 .009 8 .000 9 .000  | MEDICINE/INJECTIONS        | 19             | 20                |       |                    |       |              | .002      |     |                |    | .07      |
| NURSE MIDHITE  1 1 10 9 449.67 9 44.97 .001 9 .009 8 .000 9 .000  | SURGERY/ANES.              | 4              | 7                 |       | 226.43             |       | 32.35        | .001      |     | 56.61          |    | .03      |
| NURSE MIDHITE  1 1 10 9 449.67 9 44.97 .001 9 .009 8 .000 9 .000  | RADIO./PATHOLOGY           | 2              | 2                 |       | 34.60              |       |              | .000      |     | 17.30          |    | .00      |
| NURSE MIDHITE  1 1 10 9 449.67 9 44.97 .001 9 .009 8 .000 9 .000  | OTHER                      | 47             | 73                |       |                    |       |              | .008      |     | 17.94          |    | .09      |
| NURSE AMBSTMEDIST  NURSE MINITÉE  1 10 \$ 469,67 \$ 46,97 \$ .000 \$ | @HOME HEALTH AGENCY        | 53             | 4,957             | \$    | 152,327.56         | \$    |              | .556      | \$  | 2874.10        | \$ | 17.10    |
| NUMBER MIDNIFES  1 1 0 S 469.67 S 469.67 S 6.67 O.01 S 469.67 S 5.05 PRENITERIONER NUMBER PRACTITIONER  0 0 S 0.00 S 0.00 O.00 S 0.00 O.00 S 0.00 O.00 S 0.00 O.00 S 0.00 PRANILLY NUMBER PRACTITIONER  4 1 10 S 70.40 S 9.04 O.01 S 73.60 S 0.03 PRINTERY OTAL  BOSP INPATIENT OTAL  5 45 3,713 S 673,673.08 S 191.44 0.47 S 194.17 O.08 S 145.24 66.72 S 0.00 PRINTERY OTAL  6 6 7 6 04 S 94,440.75 S 941.77 O.08 S 145.24 66.72 S 0.00 PRINTERY OTAL  8 6 6 7 6 04 S 94,440.75 S 941.77 O.08 S 145.24 66.72 S 0.00 PRINTERY OTAL  8 6 7 7 6 22 S 6 14.89.25 S 0.00 O.00 O.00 O.00 O.00 O.00 O.00 O.   |                            | 0              |                   | \$    |                    | \$    |              |           |     |                |    | .00      |
| PEDITATRIC NURSE PRACTITIONER  | NURSE MIDWIFE              | 1              | 10                | \$    |                    | \$    |              |           |     |                |    | .05      |
| PANILY NURSE PERCYLTIONER 9 10 \$ 294.38 \$ 29.44001 \$ 73.50 \$ .03 PROTRIAL ROPETEAL 155 \$ 37.13 \$ 673.673 8 \$ 181.4417 \$ 1236.10 \$ 57.62 PROSE INFATIENT TOTAL 10 5 65 604 594.440.75 984.17 .068 9145.24 66.72 PRINCE ROSPITALE 10 1 226 144.60.75 984.17 .068 9145.24 69.75 NON-HISC ROSPITAL TOTAL 10 226 55.599, 3 246.0 .05 14189.26 15.93 ACCOMMODIATIONS 10 226 55.599, 3 246.0 .05 14189.26 15.93 ACCOMMODIATIONS 10 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .   |                            | 0              | 0                 | \$    |                    |       |              |           |     | .00            | Ś  |          |
| ## STATE   |                            |                | 10                | \$    |                    | \$    |              |           |     |                |    |          |
| HOSP INPATIENT TOTAL 65 604 594, 440.75 984.17 .068 9145.24 66.72   HSC HOSPITALS 47 378 444,108.84 1174.89 .042 9449.12 49.85   NON-HISC HOSPITAL TOTAL 10 226 141,892.59 627.84 .025 14189.26 15.93   ACCOMMODATIONS 10 226 55.599.93 246.02 .025 5559.99 6.24   ARMINISTRATIVE DAYS 3 105 21,436.58 204.16 .012 7145.53 2.41   TRANSITIONAL IF CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00  |                            | 545            | 3.713             | \$    |                    | Ś     |              |           |     |                |    |          |
| HSC HOSPITALIS   |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| NON-HICK HOSPITAL TOTAL   10   226   |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| ACCOMMODATIONS  ADMINISTRATIVE DAYS  3 105 21,436.58 20.16 0.12 7145.53 2.41  TRANSITIONAL IP CARE  0 0 0 0.00 .00 .00 .00 .00 .00 .00  ALC OTHER ACCOMMONATIONS  10 0 86,292.66 2.00 .00 .00 .00 .00 .00  ALC OTHER ACCOMMONATIONS  11 0 0 86,292.66 .00 .00 .00 .00 .00 .00 .00 .00 .00  | NON-HSC HOSPITAL TOTAL     | 1.0            |                   |       |                    |       |              |           |     |                |    |          |
| ADMINISTRATIVE DAYS RAMSITIONAL IF CARE 0 0 0 0.00 .000 .000 .000 .000  ALL OTHER ACCOM 7 121 34,163.55 282.34 .014 4880.46 3.83 ANCILLARIES 10 0 8,439.32 .00 .000 8629.27 9.99 INPATIENT CROSSOVERS 11 0 0 8,439.32 .00 .000 767.21 .95 ALL OTHER INPATIENT TOTAL 496 3,109 79,233.13 25.49 .349 159.74 8.89 MEDICAL 104 174 10.91.72 62.88 .000 .000 .000 .000 HOSP OUTPATIENT TOTAL 496 3,109 79,233.13 25.49 .349 159.74 8.89 MEDICAL 105 106 29 1,675.21 57.77 .003 64.43 .19 PATHOLOGY 154 9951 7,883.48 8.29 .107 51.19 8.8 RADIOLOGY 91 171 21,733.20 127.08 .019 238.80 2.44 ROOM USE ALL OTH OUTPATT 251 1,454 24,050.70 16.54 163 95.82 2.70 COONST HOSPITAL TOTAL 1 1 13 17,576.00 1552.00 .001 17376.00 1.97 NON-HSC HOSPITAL TOTAL 1 1 13 17,576.00 1552.00 .001 17376.00 1.97 NON-HSC HOSPITAL TOTAL 1 1 13 17,576.00 1552.00 .001 17376.00 1.97 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ALD HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| TRANSITIONAL IP CARE  ALCO THER ACCOM  ALCO THER ACCOM  ANCILLARIES  10  0  86,292.66  282.34  .001  .000  8629.27  9.69  .00  .000  |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| ALL OTHER ACCOM ANCILLARIES 10 0 0 86,292.66 0.00 0.00 0.00 0.00 0.00 0.00 0.00  |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| ANCILIARIES 10 0 86,292.66 .00 .000 8629.27 9.69 INPATIENT CROSSOVERS 11 0 8,439.32 .00 .000 .000 767.21 9.59 ALL OTHER INPATIENT  |                            | -              |                   |       |                    |       |              |           |     |                |    |          |
| INPATIENT CROSSOVERS   |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| HOSP OUTPATIENT TOTAL  |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| MEDICAL 104 174 10,941.72 62.88 .020 105.21 1.23 SURGERY 26 29 1,675.21 57.77 .003 64.43 1.9 PATHOLOGY 154 951 7,883.48 8.29 .107 51.19 .88 RADIOLOGY 91 171 21,731.20 127.08 .019 238.80 2.44 ROOM USE 239 330 12,950.82 39.24 .037 54.19 1.45 CROSSOVERS/ALL OTH OUTPINT 251 1,454 24,050.70 16.54 .163 95.82 2.70 GROUNTY HOSPITAL TOTAL 10 45 \$ 18,283.99 \$406.30 .005 \$ 1828.34 \$ 2.05 CO HOSPITAL INPATIENT TOTAL 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 HSC HOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 AMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 ANINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANICILARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0  |                            | •              |                   |       |                    |       |              |           |     |                |    |          |
| SURGERY 26 29 1,675.21 57.77 .003 64.43 .19 PATHOLOGY 154 951 7,883.48 8.29 .107 551.19 .88 RADIOLOGY 91 171 21,731.20 127.08 .019 238.80 2.44 ROM USE 239 330 12,950.82 39.24 .037 54.19 1.45 CROSSOVERS/ALL OTH OUTPINT 251 1,454 24,050.70 16.54 .163 95.82 2.70 GCOUNTY HOSPITAL TOTAL 10 45 \$ 18,283.39 \$ 406.30 .005 \$ 1828.34 \$ 2.05 CH ORSPITAL INTATIENT TOTAL 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .001 17576.00 1.97 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 AMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 9 32 .707.39 22.11 .004 78.60 .00 CO HOSP OUTPATIENT TOTAL 4 4 4 68.40 17.10 .000 17.10 .01 SURGERY 1 1 1 1 13 13.26 13.26 .000 13.26 .00 CO HOSP OUTPATIENT TOTAL 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                            |                | •                 |       | •                  |       |              |           |     |                |    |          |
| PATHOLOGY 154 951 7,883.48 8.29 1.07 51.19 8.8 PADHOLOGY 91 171 21,731.20 127.08 0.01 238.80 2.44 ROOM USE 239 330 12,950.82 39.24 0.037 54.19 1.45 CROSSOVERS/ALL OTH OUTPINT 251 1,454 24,050.70 16.54 1.63 95.82 2.70 PADE COUNTY MOSPITAL TOTAL 10 45 \$ 18,283.39 \$406.30 .005 \$1828.34 \$2.05 CO HOSPITAL INPATIENT TOTAL 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITAL STOTAL 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITAL STOTAL 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 PADE COUNTY MOSPITALS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| RADIOLOGY ROOM USE 239 330 12,950.82 39.24 .037 54.19 1.454 24,050.70 16.54 .163 95.82 2.70  @COUNTY HOSPITAL TOTAL 10 45 \$ 18,283.39 \$ 406.30 .005 \$ 1828.34 \$ 2.05  CO HOSPITAL INPATIENT TOTAL 1 1 13 17,576.00 1352.00 .001 17576.00 1.97 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .000 .000 .000 .000  |                            |                |                   |       |                    |       |              |           |     | 64.43<br>E1 10 |    |          |
| ROOM USE   |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| CROSSOVERS/ALL OTH OUTPTNT   |                            |                |                   |       | •                  |       |              |           |     |                |    |          |
| ## CC HOSPITAL TOTAL 10  |                            | 239            |                   |       |                    |       |              |           |     |                |    |          |
| CO HOSPITAL INPATIENT TOTAL 1 13 17,576.00 1352.00 .001 17576.00 1.97 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .001 17576.00 1.97 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL 1P CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 9 32 .707.39 22.11 .004 .78.60 .08 MEDICAL 4 4 4 68.40 17.10 .000 17.10 .01 SURGERY 1 1 1 13.26 13.26 .000 17.10 .01 SURGERY 1 1 1 13.26 13.26 .000 17.10 .01 SURGERY 1 1 1 13.26 13.26 .000 17.10 .01 SURGERY 1 1 1 13.26 13.26 .000 17.10 .01 SURGERY 1 1 1 1 13.26 13.26 .000 13.26 .00 ROM USE 5 5 197.70 39.54 .02 CROSSOVERS/ALL OTH OUTPINT 3 5.55 .77 7.961 11.37 .001 26.54 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10.871 MOPO24 SACRAMENTO COUNTY SUMMARY OF SERVICE EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10.871 MOPO24 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED AID CODE 6E   |                            | 231            | •                 | ć     |                    | Ċ     |              |           | ć   |                | Ċ  |          |
| HSC HOSPITALS  1 13 17,576.00 1352.00 .001 17576.00 1.97  NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00  ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00  ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                            |                |                   | \$    |                    | Ş     |              |           |     |                | Ş  |          |
| NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  O  O  O  O  O  O  O  O  O  O  O  O  O   |                            | 1              |                   |       |                    |       |              |           |     |                |    |          |
| ACCOMMODATIONS 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00  |                            | 1              |                   |       |                    |       |              |           | Τ   |                |    |          |
| ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                            | 0              |                   |       |                    |       |              |           |     |                |    |          |
| TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00   |                            | 0              |                   |       |                    |       |              |           |     |                |    |          |
| ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00  |                            |                |                   |       |                    |       |              |           |     |                |    |          |
| ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0   |                            | 0              | 0                 |       |                    |       |              |           |     |                |    |          |
| INPATIENT CROSSOVERS   |                            | 0              |                   |       |                    |       |              |           |     |                |    |          |
| ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .000 .000 .00 .00 .   |                            | _              |                   |       |                    |       |              |           |     |                |    |          |
| CO HOSP OUTPATIENT TOTAL 9 32 707.39 22.11 .004 78.60 .08  MEDICAL 4 4 68.40 17.10 .000 17.10 .01  SURGERY 1 1 1 13.26 13.26 .000 13.26 .00  PATHOLOGY 4 15 348.42 23.23 .002 87.11 .04  RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  ROOM USE 5 5 197.70 39.54 .001 39.54 .02  CROSSOVERS/ALL OTH OUTPINT 3 7 79.61 11.37 .001 26.54 .01  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,871  MOPO24 SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE  |                            | _              |                   |       |                    |       |              |           |     |                |    |          |
| MEDICAL 4 4 68.40 17.10 .000 17.10 .01 SURGERY 1 1 13.26 13.26 .000 13.26 .00 PATHOLOGY 4 15 348.42 23.23 .002 87.11 .04 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 ROOM USE 5 5 197.70 39.54 .001 39.54 .02 CROSSOVERS/ALL OTH OUTPTNT 3 7 79.61 11.37 .001 26.54 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,871 MOPO24 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE   |                            | 0              |                   |       |                    |       |              |           |     |                |    |          |
| SURGERY PATHOLOGY A RADIOLOGY A RADIOLOGY B ROOM USE CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS/ALL OTH OUTPTNT CROSSOVERS/ALL OTH COUNTY  CROSSOVERS CROS   |                            | 9              |                   |       |                    |       |              |           |     |                |    |          |
| PATHOLOGY 4 15 348.42 23.23 .002 87.11 .04 RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 ROOM USE 5 5 197.70 39.54 .001 39.54 .02 CROSSOVERS/ALL OTH OUTPTNT 3 7 79.61 11.37 .001 26.54 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,871 MOP024 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  8,909 ELIGIBLES USER UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE  |                            | 4              |                   |       |                    |       |              |           |     |                |    |          |
| RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MCD024 SACRAMENTO COUNTY  SACRAMENTO COUNTY  8,909 ELIGIBLES  USERS UNITS OF SERVICE OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0  |                            | 1              |                   |       |                    |       |              |           |     |                |    |          |
| ROOM USE  ROOM USE  CROSSOVERS/ALL OTH OUTPTNT  3  7  79.61  #CALIF DEPT OF HEALTH SERV  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  MEDI-CAL SERVICE AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  FEE-FOR-SERVICE/DENTAL  SACRAMENTO COUNTY  SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  8,909 ELIGIBLES  USERS  USERS  UNITS OF SERVICE  EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE  PER UNIT/DAY PER ELIG  USER  ELIGIBLE   |                            | 4              |                   |       |                    |       |              |           |     |                |    |          |
| CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,871 MOP024 FEE-FOR-SERVICE/DENTAL SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE   | RADIOLOGY                  | •              | •                 |       |                    |       |              | .000      |     |                |    |          |
| #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,871 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE  | ROOM USE                   |                |                   |       |                    |       |              |           |     | 39.54          |    |          |
| MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE   | CROSSOVERS/ALL OTH OUTPTNT |                |                   |       |                    |       |              |           |     |                |    |          |
| SACRAMENTO COUNTY  SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E  MONTHLY AVERAGE  8,909 ELIGIBLES  USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER  OR DAYS OF CARE  PER UNIT/DAY PER ELIG USER ELIGIBLE  |                            | MEDI-CAL SERVI | CES AND EXPENDITU | RES M | MONTH-OF-PAYMENT R | REPOR | RT FOR JAN 2 | 2004 THRU | DEC | 2004           | P. | •        |
| MONTHLY AVERAGE 8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE   |                            |                |                   |       |                    |       |              |           |     |                |    | 03/14/05 |
| 8,909 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE  | SACRAMENTO COUNTY          | SUMMARY OF SER | VICES FOR CRAIG   | CASES | S- DISABLED IN PA- | DISA  | BLED AID CO  |           |     |                |    |          |
| OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE  |                            |                |                   | _     |                    |       |              |           |     |                |    |          |
|  | 8,909 ELIGIBLES            | USERS          |                   |       | EXPENDITURES       |       |              |           |     |                |    |          |
| ©COMMUNITY HOSPITAL TOTAL 537 3,668 \$ 655,390.49 \$ 178.68 .412 \$ 1220.47 \$ 73.56   | 0.000                      | F.C.=          |                   |       | 655 006 10         |       |              |           |     |                |    | -        |
|  | COMMUNITY HOSPITAL TOTAL   | 537            | 3,668             | Ş     | 655,390.49         | Ş     | 1/8.68       | .412      | Ş   | 1220.47        | Ş  | /3.56    |

| COMM HOSP INPATIENT TOTAL    | 64              | 591              |         | 576,864.75         |            | 976.08      | .066      |           | 9013.51  |      | 64.75       |
|------------------------------|-----------------|------------------|---------|--------------------|------------|-------------|-----------|-----------|----------|------|-------------|
| HSC HOSPITALS                | 46              | 365              |         | 426,532.84         |            | 1168.58     | .041      |           | 9272.45  |      | 47.88       |
| NON-HSC HOSPITALS TOTAL      | 10              | 226              |         | 141,892.59         |            | 627.84      | .025      |           | 14189.26 |      | 15.93       |
| ACCOMMODATIONS               | 10              | 226              |         | 55,599.93          |            | 246.02      | .025      |           | 5559.99  |      | 6.24        |
| ADMINISTRATIVE DAYS          | 3               | 105              |         | 21,436.58          |            | 204.16      | .012      |           | 7145.53  |      | 2.41        |
| TRANSITIONAL IP CARE         | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| ALL OTHER ACCOM              | 7               | 121              |         | 34,163.35          |            | 282.34      | .014      |           | 4880.48  |      | 3.83        |
| ANCILLARIES                  | 10              | 0                |         | 86,292.66          |            | .00         | .000      |           | 8629.27  |      | 9.69        |
| INPATIENT CROSSOVERS         | 11              | 0                |         | 8,439.32           |            | .00         | .000      |           | 767.21   |      | .95         |
| ALL OTHER INPATIENT          | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| COMM HOSP OUTPATIENT TOTAL   | 488             | 3,077            |         | 78,525.74          |            | 25.52       | .345      |           | 160.91   |      | 8.81        |
| MEDICAL                      | 100             | 170              |         | 10,873.32          |            | 63.96       | .019      |           | 108.73   |      | 1.22        |
| SURGERY                      | 25              | 28               |         | 1,661.95           |            | 59.36       | .003      |           | 66.48    |      | .19         |
| PATHOLOGY                    | 151             | 936              |         | 7,535.06           |            | 8.05        | .105      |           | 49.90    |      | .85         |
| RADIOLOGY                    | 91              | 171              |         | 21,731.20          |            | 127.08      | .019      |           | 238.80   |      | 2.44        |
| ROOM USE                     | 234             | 325              |         | 12,753.12          |            | 39.24       | .036      |           | 54.50    |      | 1.43        |
|                              |                 | 1,447            |         | 23,971.09          |            | 16.57       | .162      |           | 96.66    |      | 2.69        |
| CROSSOVERS/ALL OTH OUTPINT   |                 | ·                | ċ       |                    | \$         |             |           | ċ         |          | ċ    |             |
| @STATE HOSPITAL              | 0               | 0                | \$      | .00                | Ą          | .00         | .000      | Ş         | .00      | \$   | .00         |
| MENTALLY ILL                 | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| DEVELOP. DISABLED            | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| @NURSING FACILITY            | 223             | 4,636            | \$      | 602,389.96         | \$         | 129.94      | .520      | \$        | 2701.30  | Ş    | 67.62       |
| LEV A-INTERMEDIATE           | 4               | 123              |         | 10,491.42          |            | 85.30       | .014      |           | 2622.86  |      | 1.18        |
| LEV B-REHAB MD               | 7               | 208              |         | 25,180.36          |            | 121.06      | .023      |           | 3597.19  |      | 2.83        |
| LEV B-SUBACUTE FREESTANDING  |                 | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| LEV B-SUBACUTE HSPTL BASED   | 1               | 15               |         | 8,297.25           |            | 553.15      | .002      |           | 8297.25  |      | .93         |
| LEV B-TRANSITIONAL IP CARE   | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| LEV B-REGULAR                | 211             | 4,290            |         | 558,420.93         |            | 130.17      | .482      |           | 2646.54  |      | 62.68       |
| @INTERMEDIATE CARE FACILDD   | 14              | 348              | \$      | 54,940.55          | \$         | 157.88      | .039      | \$        | 3924.33  | \$   | 6.17        |
| ICF DDH                      | 14              | 348              |         | 54,940.55          |            | 157.88      | .039      |           | 3924.33  |      | 6.17        |
| ICF DD                       | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| ICF DDN/DDCN                 | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| @HEMODIALYSIS TOTAL          | 46              | 1,069            | \$      | 45,647.50          | \$         | 42.70       | .120      | \$        | 992.34   | \$   | 5.12        |
| HOSPITAL BASED               | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| HEMODIALYSIS CENTER          | 46              | 1,069            |         | 45,647.50          |            | 42.70       | .120      |           | 992.34   |      | 5.12        |
| @REHABILITATION FACILITY     | 42              | 302              | \$      | 5,508.52           | \$         | 18.24       |           | \$        |          | \$   | .62         |
| HOSPITAL BASED               | 6               | 22               | •       | 711.06             |            | 32.32       | .002      |           | 118.51   | ·    | .08         |
| INDEPENDENT FACILITY         | 36              | 280              |         | 4,797.46           |            | 17.13       | .031      |           | 133.26   |      | .54         |
| @LABORATORY FACILITY         | 222             | 930              | \$      | 11,038.32          | \$         | 11.87       |           | \$        | 49.72    | Ś    | 1.24        |
| PATHOLOGY                    | 216             | 908              | 7       | 10,489.39          | -          | 11.55       | .102      | 7         | 48.56    | 4    | 1.18        |
| XO AND OTHERS                | 6               | 22               |         | 548.93             |            | 24.95       | .002      |           | 91.49    |      | .06         |
| @ORGANIZED OUTPATIENT CLINIC | 133             | 308              | \$      | 14,529.98          | \$         | 47.18       | .035      | \$        | 109.25   | \$   | 1.63        |
| CLINIC                       | 70              | 172              | Υ       | 3,780.75           | ¥          | 21.98       | .019      | ۲         | 54.01    | Ψ    | .42         |
| SURGICENTER                  | 7               | 42               |         | 1,230.63           |            | 29.30       | .005      |           | 175.80   |      | .14         |
| HEROIN DETOX CLINIC          | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
|                              | 58              | 94               |         | 9,518.60           |            | 101.26      | .011      |           | 164.11   |      | 1.07        |
| RURAL HEALTH CLINIC          |                 |                  | IIDEC M |                    |            |             |           | DEC       |          |      |             |
| #CALIF DEPT OF HEALTH SERV   |                 | ,                | OKES M  | ONTH-OF-PAYMENT RI | EPUR.      | I FOR JAN 2 | 2004 IRKU | DEC       | 2004     | 1    | PAGE 10,872 |
| MOPU24                       | FEE-FOR-SERVICE |                  | CA CEC  |                    | D T G 7 T  |             | DD        |           |          |      | 03/14/05    |
| SACRAMENTO COUNTY            | SUMMARY OF SERV | VICES FOR CRAIG  | CASES.  | - DISABLED IN PA-I | DISAL      | BLED AID CO |           | O N T III |          | Ω.D. |             |
| 0 000 FLIGTBIES              | HORDO           | INITES OF SERVIT | C.F.    |                    | 70 7 7 7 7 |             | M         |           |          | ŒĔ   |             |
| 8,909 ELIGIBLES              | USERS           | UNITS OF SERVI   |         | EXPENDITURES       |            | ERAGE COST  |           |           |          |      | COST PER    |
| 0311 05115 550115            | 4 440           | OR DAYS OF CA    |         | 0.47 0.07 6.0      |            | R UNIT/DAY  |           |           | USER     |      | ELIGIBLE    |
| @ALL OTHER PROVIDERS         | 1,119           | 83,528           | \$      | 247,097.62         | \$         | 2.96        | 9.376     | Ş         |          | Ş    | 27.74       |
| DURABLE MED. EQUIP.          | 63              | 652              |         | 44,329.26          |            | 67.99       | .073      |           | 703.64   |      | 4.98        |
| BLOOD BANK                   | 0               | 0                |         | .00                |            | .00         | .000      |           | .00      |      | .00         |
| HEARING AID DISPENSERS       | 4               | 5                |         | 139.23             |            | 27.85       | .001      |           | 34.81    |      | .02         |
| MEDICAL TRANSPORTATION       | 174             | 9,997            |         | 35,641.68          |            | 3.57        | 1.122     |           | 204.84   |      | 4.00        |
|                              |                 |                  |         |                    |            |             |           |           |          |      |             |

| AMBULANCES/AIR TRANS           | 74  | 495            | 8,140.22          |    | 16.44   | .056   | 110.00    | .91         |
|--------------------------------|-----|----------------|-------------------|----|---------|--------|-----------|-------------|
| OTHER TRANS                    | 85  | 9 <b>,</b> 537 | 25,396.16         |    | 2.66    | 1.070  | 298.78    | 2.85        |
| OTHER SERVICES                 | 20  | 35CR           | 2,105.30          |    | 60.15CR | .004C1 | R 105.27  | .24         |
| ACUPUNCTURE                    | 7   | 16             | 294.27            |    | 18.39   | .002   | 42.04     | .03         |
| ADULT DAY HEALTH CARE CTR      | 21  | 260            | 17,788.13         |    | 68.42   | .029   | 847.05    | 2.00        |
| GENETIC DISEASE TESTING        | 0   | 0              | .00               |    | .00     | .000   | .00       | .00         |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 9   | 578            | 19,048.29         |    | 32.96   | .065   | 2116.48   | 2.14        |
| OCCUPATIONAL THERAPIST         | 2   | 103            | 309.53            |    | 3.01    | .012   | 154.77    | .03         |
| OPTICIAN                       | 100 | 223            | 2,220.19          |    | 9.96    | .025   | 22.20     | .25         |
| PHYSICAL THERAPIST             | 2   | 6              | 125.78            |    | 20.96   | .001   | 62.89     | .01         |
| PORTABLE X-RAY                 | 11  | 20             | 147.35            |    | 7.37    | .002   | 13.40     | .02         |
| PROSTHETIST/ORTHOTISTS         | 4   | 21             | 2,027.68          |    | 96.56   | .002   | 506.92    | .23         |
| PROSTHETICS                    | 4   | 21             | 2 <b>,</b> 027.68 |    | 96.56   | .002   | 506.92    | .23         |
| ORTHOTICS                      | 0   | 0              | .00               |    | .00     | .000   | .00       | .00         |
| PSYCHOLOGIST                   | 3   | 7              | 160.00            |    | 22.86   | .001   | 53.33     | .02         |
| SPEECH AND AUDIOLOGY           | 42  | 119            | 5 <b>,</b> 295.61 |    | 44.50   | .013   | 126.09    | .59         |
| HOSPICE SERVICES               | 6   | 138            | 17,951.46         | 1  | 30.08   | .015   | 2991.91   | 2.01        |
| NONINST BIRTHING CENTERS       | 0   | 0              | .00               |    | .00     | .000   | .00       | .00         |
| LOCAL EDUCATION AGENCIES       | 526 | 9,864          | 76,013.27         |    | 7.71    | 1.107  | 144.51    | 8.53        |
| EPSDT SUPPLEMENTAL SERVICE     | 1   | 65             | 1,911.65          |    | 29.41   | .007   | 1911.65   | .21         |
| RESPIRATORY CARE PRACT.        | 0   | 0              | .00               |    | .00     | .000   | .00       | .00         |
| PED SUBACUTE REHAB/WEANING     | 0   | 0              | .00               |    | .00     | .000   | .00       | .00         |
| ALL OTHER PROVIDERS            | 204 | 61,454         | 23,694.24         |    | .39     | 6.898  | 116.15    | 2.66        |
| @CALIF. CHILDREN SERVICES*     | 201 | 10,550         | \$<br>182,299.08  | \$ | 17.28   | 1.184  |           | 20.46       |
| @XOVER EXCLUDING STATE HOSP**  | 650 | 5,177          | \$<br>116,747.91  | \$ | 22.55   | .581   | \$ 179.61 | \$<br>13.10 |
|                                |     |                |                   |    |         |        |           |             |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,873
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----10,834 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,583 201,744 4,182,041.43 20.73 18.621 \$ 635.28 \$ 386.01 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 1,506 4,795 175,615.15 36.62 .443 \$ 116.61 \$ 16.21 OUTPATIENT VISITS 686 872 32,558.91 37.34 .080 47.46 3.01 494 32.74 .057 40.83 OFFICE VISITS 616 20,167.60 3 206.40 51.60 .000 68.80 .02 HOME VISITS 4 EMERGENCY ROOM 135 157 9,425.66 60.04 .014 69.82 .87 0 .00 .00 .000 .00 PREVENTIVE CARE 0 1 3 181.44 60.48 .000 181.44 .02 OB VISITS/COMPRE PERI OTHER OUTPATIENT 80 92 2,577.81 28.02 .008 32.22 .24 103 243.51 551 25,081.05 45.52 .051 INPATIENT VISITS HOSPITAL VISITS 84 480 19,293.65 40.20 .044 229.69 1.78 CRITICAL CARE 14 41 4,810.95 117.34 .004 343.64 . 44 SNF/ICF/TRANS IP CARE 19 30 32.55 .003 51.39 976.45 18 25 39.43 OPHTHALMOLOGICAL SERVICES 985.79 .002 54.77 .09 18 25 985.79 39.43 54.77 EXAMINATIONS .002 .09 0 0 .00 .000 .00 .00 SERVICES AND MATERIALS 32 764.38 INPATIENT HOSPITAL SURGERY 150 24,460.16 163.07 .014 2.26 37 21,610.29 584.06 864.41 PRINCIPAL SURGEON .003 1.99 189.26 94.63 .000 94.63 .02 ASSISTANT SURGEON 12 111 23.97 ANESTHESIOLOGIST 2,660.61 .010 221.72 .25 75 221 OUTPATIENT SURGERY 17,863.58 80.83 .020 238.18 1.65 PRINCIPAL SURGEON 14,219.80 165.35 .008 225.71 1.31

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| ASSISTANT SURGEON          | 1                     | 1          |        | 232.32              |       | 232.32  | .000      |     | 232.32    |      | .02        |
|----------------------------|-----------------------|------------|--------|---------------------|-------|---------|-----------|-----|-----------|------|------------|
| ANESTHESIOLOGIST           | 19                    | 134        |        | 3,411.46            |       | 25.46   | .012      |     | 179.55    |      | .31        |
| DIALYSIS                   | 10                    | 38         |        | 2,450.32            |       | 64.48   | .004      |     | 245.03    |      | .23        |
| PATHOLOGY                  | 87                    | 227        |        | 3,831.97            |       | 16.88   | .021      |     | 44.05     |      | .35        |
| RADIOLOGY                  | 215                   | 480        |        | 18,098.04           |       | 37.70   | .044      |     | 84.18     |      | 1.67       |
| PSYCHIATRY                 | 4                     | 8          |        | 268.65              |       | 33.58   | .001      |     | 67.16     |      | .02        |
| IMMUNIZATION AND INJECTION | 40                    | 430        |        | 15,284.06           |       | 35.54   |           |     | 382.10    |      | 1.41       |
| OTHER SERVICES/ALL X-OVERS | 686                   | 1,793      |        | 34,732.62           |       | 19.37   |           |     | 50.63     |      | 3.21       |
| @PHARMACY                  | 4,134                 | 72,107     | \$     | 1,340,018.36        | \$    | 18.58   | 6.656     | \$  | 324.15    | \$   | 123.69     |
| PRESCRIPTION DRUGS         | 3 <b>,</b> 995        | 15,354     |        | 1,255,106.94        |       | 81.74   | 1.417     |     | 314.17    |      | 115.85     |
| SNF/ICF                    | 511                   | 2,814      |        | 191,588.48          |       | 68.08   | .260      |     | 374.93    |      | 17.68      |
| OUTPATIENTS                | 3,508                 | 12,540     |        | 1,063,518.46        |       | 84.81   | 1.157     |     | 303.17    |      | 98.16      |
| MEDICAL SUPPLIES           | 376                   | 56,753     |        | 84,911.42           |       | 1.50    | 5.238     |     | 225.83    |      | 7.84       |
| @DENTIST                   | 308                   | 1,226      | \$     | 45,752.85           | \$    | 37.32   | .113      | \$  |           | \$   | 4.22       |
| VISITS - DIAGNOSTIC        | 214                   | 860        |        | 11,983.20           |       | 13.93   | .079      |     | 56.00     |      | 1.11       |
| ORAL SURGERY               | 48                    | 107        |        | 5,742.75            |       | 53.67   | .010      |     | 119.64    |      | .53        |
| DRUGS                      | 1                     | 1          |        | .00                 |       | .00     | .000      |     | .00       |      | .00        |
| ANESTHESIA                 | 1                     | 1          |        | .00                 |       | .00     | .000      |     | .00       |      | .00        |
| PERIODONTICS               | 11                    | 10         |        | 1,344.00            |       | 134.40  | .001      |     | 122.18    |      | .12        |
| ENDODONTICS                | 16                    | 29         |        | 6,690.00            |       | 230.69  | .003      |     | 418.13    |      | .62        |
| RESTORATIVE DENTISTRY      | 74                    | 146        |        | 8,381.90            |       | 57.41   | .013      |     | 113.27    |      | .77        |
| PROSTHETICS                | 1                     | 1          |        | 30.00               |       | 30.00   | .000      |     | 30.00     |      | .00        |
| DENTURES, STAYPLATES       | 28                    | 56         |        | 11,321.00           |       | 202.16  | .005      |     | 404.32    |      | 1.04       |
| SPACE MAINTAINERS          | 0                     | 0          |        | .00                 |       | .00     | .000      |     | .00       |      | .00        |
| MAXILLOFACIAL SERVICES     | 0                     | 0          |        | .00                 |       | .00     | .000      |     | .00       |      | .00        |
| FRACTURES, DISLOCATIONS    | 0                     | 0          |        | .00                 |       | .00     | .000      |     | .00       |      | .00        |
| ORTHODONTIC SERVICES       | 4                     | 4          |        | 260.00              |       | 65.00   | .000      |     | 65.00     |      | .02        |
| ALL OTHER SERVICES         | 6                     | 11         |        | .00                 |       | .00     | .001      |     | .00       |      | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AND | D EXPENDIT | URES 1 | MONTH-OF-PAYMENT RE | EPORT | FOR JAN | 2004 THRU | DEC | 2004      | PA   | AGE 10,874 |
| MOP024                     | FEE-FOR-SERVICE/DENTA | AL         |        |                     |       |         |           |     |           |      | 03/14/05   |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES   | FOR CRAIG  | CASE   | S- TOTAL IN PA-TOTA | AL    |         |           |     |           |      |            |
|                            |                       |            |        |                     |       |         | M         | ONT | HLY AVERA | GE - |            |
|                            |                       |            |        |                     |       |         |           |     |           |      |            |

| 10,834 ELIGIBLES                      | USERS          | UNITS OF SERVICE<br>OR DAYS OF CARE | EXPENDITURES | AVERAGE COST<br>PER UNIT/DAY |         | COST PER<br>USER | COST PER<br>ELIGIBLE |
|---------------------------------------|----------------|-------------------------------------|--------------|------------------------------|---------|------------------|----------------------|
| @OPTOMETRIST                          | 92             | 265 \$                              | 5,407.52     | \$ 20.41                     | .024 \$ | 58.78            | \$ .50               |
| DIAGNOSTIC AND ANC. PROCED            | 45             | 47                                  | 1,744.03     | 37.11                        | .004    | 38.76            | .16                  |
| EYE APPLIANCES                        | 70             | 210                                 | 3,320.25     | 15.81                        | .019    | 47.43            | .31                  |
| OTHER OPTOMETRIC SERVICES             | 5              | 8                                   | 343.24       | 42.91                        | .001    | 68.65            | .03                  |
| @CHIROPRACTOR                         | 4              | 5 \$                                | 83.60        | \$ 16.72                     | .000 \$ |                  |                      |
| VISITS                                | 4              | 5                                   | 83.60        | 16.72                        | .000    | 20.90            | .01                  |
| OTHER SERVICES                        | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| @PODIATRIST                           | 116            | 162 \$                              | 2,285.57     | \$ 14.11                     | .015 \$ |                  |                      |
| MEDICINE/INJECTIONS                   | 19             | 20                                  | 661.51       | 33.08                        | .002    | 34.82            | .06                  |
| SURGERY/ANES.                         | 4              | 7                                   | 226.43       | 32.35                        | .001    | 56.61            | .02                  |
| RADIO./PATHOLOGY                      | 2              | 2                                   | 34.60        | 17.30                        | .000    | 17.30            | .00                  |
| OTHER                                 | 93             | 133                                 | 1,363.03     | 10.25                        | .012    | 14.66            | .13                  |
| @HOME HEALTH AGENCY                   | 53             | 4,957 \$                            | 152,327.56   | \$ 30.73                     | .458 \$ |                  | \$ 14.06             |
| NURSE ANESTHESIST                     | 1              | 8 \$                                | 22.17        | \$ 2.77                      | .001 \$ |                  | \$ .00               |
| NURSE MIDWIFE                         | 1              | 10 \$                               | 469.67       | \$ 46.97                     | .001 \$ |                  | \$ .04               |
| PEDIATRIC NURSE PRACTITIONER          | 0              | 0 \$                                | .00          | \$ .00                       | .000 \$ |                  | \$ .00               |
| FAMILY NURSE PRACTITIONER             | 4              | 10 \$                               | 294.38       | \$ 29.44                     | .001 \$ |                  | \$ .03               |
| @TOTAL HOSPITAL                       | 618            | 4,220 \$                            | 708,278.29   | \$ 167.84                    | .390 \$ |                  |                      |
| HOSP INPATIENT TOTAL                  | 73             | 626                                 | 621,091.77   | 992.16                       | .058    | 8508.11          | 57.33                |
| HSC HOSPITALS                         | 52             | 400                                 | 468,627.19   | 1171.57                      | .037    | 9012.06          | 43.26                |
| NON-HSC HOSPITAL TOTAL                | 10             | 226                                 | 141,892.59   | 627.84                       | .021    | 14189.26         | 13.10                |
| ACCOMMODATIONS                        | 10             | 226                                 | 55,599.93    | 246.02                       | .021    | 5559.99          | 5.13                 |
| ADMINISTRATIVE DAYS                   | 3              | 105                                 | 21,436.58    | 204.16                       | .010    | 7145.53          | 1.98                 |
| TRANSITIONAL IP CARE                  | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| ALL OTHER ACCOM                       | 7              | 121                                 | 34,163.35    | 282.34                       | .011    | 4880.48          | 3.15                 |
| ANCILLARIES                           | 10             | 0                                   | 86,292.66    | .00                          | .000    | 8629.27          | 7.96                 |
| INPATIENT CROSSOVERS                  | 14             | 0                                   | 10,571.99    | .00                          | .000    | 755.14           | .98                  |
| ALL OTHER INPATIENT                   | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| HOSP OUTPATIENT TOTAL                 | 561            | 3 <b>,</b> 594                      | 87,186.52    | 24.26                        | .332    | 155.41           | 8.05                 |
| MEDICAL                               | 104            | 174                                 | 10,941.72    | 62.88                        | .016    | 105.21           | 1.01                 |
| SURGERY                               | 26             | 29                                  | 1,675.21     | 57.77                        | .003    | 64.43            | .15                  |
| PATHOLOGY                             | 156            | 969                                 | 7,969.52     | 8.22                         | .089    | 51.09            | .74                  |
| RADIOLOGY                             | 91             | 171                                 | 21,731.20    | 127.08                       | .016    | 238.80           | 2.01                 |
| ROOM USE                              | 246            | 338                                 | 13,216.97    | 39.10                        | .031    | 53.73            | 1.22                 |
| CROSSOVERS/ALL OTH OUTPTNT            | 310            | 1,913                               | 31,651.90    | 16.55                        | .177    | 102.10           | 2.92                 |
| @COUNTY HOSPITAL TOTAL                | 11             | 47 \$                               | 18,285.16    | \$ 389.05                    |         | 1662.29          |                      |
| CO HOSPITAL INPATIENT TOTAL           | 1              | 1.3                                 | 17,576.00    | 1352.00                      | .001    | 17576.00         | 1.62                 |
| HSC HOSPITALS                         | 1              | 13                                  | 17,576.00    | 1352.00                      | .001    | 17576.00         | 1.62                 |
| NON-HSC HOSPITALS TOTAL               | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| ACCOMMODATIONS                        | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| ADMINISTRATIVE DAYS                   | 0              | Ö                                   | .00          | .00                          | .000    | .00              | .00                  |
| TRANSITIONAL IP CARE                  | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| ALL OTHER ACCOM                       | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| ANCILLARIES                           | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| INPATIENT CROSSOVERS                  | Ö              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| ALL OTHER INPATIENT                   | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| CO HOSP OUTPATIENT TOTAL              | 10             | 34                                  | 709.16       | 20.86                        | .003    | 70.92            | .07                  |
| MEDICAL                               | 4              | 4                                   | 68.40        | 17.10                        | .000    | 17.10            | .01                  |
| SURGERY                               | 1              | 1                                   | 13.26        | 13.26                        | .000    | 13.26            | .00                  |
| PATHOLOGY                             | 4              | 15                                  | 348.42       | 23.23                        | .001    | 87.11            | .03                  |
| RADIOLOGY                             | 0              | 0                                   | .00          | .00                          | .000    | .00              | .00                  |
| ROOM USE                              | 5              | 5                                   | 197.70       | 39.54                        | .000    | 39.54            | .02                  |
| CROSSOVERS/ALL OTH OUTPTNT            | 4              | 9                                   | 81.38        | 9.04                         | .001    | 20.35            | .01                  |
|                                       | EDI-CAL SERVIC | ES AND EXPENDITURES MO              |              |                              |         |                  | PAGE 10,875          |
| · · · · · · · · · · · · · · · · · · · |                |                                     |              |                              |         |                  |                      |

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY

| SACRAMENTO COUNTY            | SUMMARY OF SERVI | CES FOR CRAIG CASES-  | - TOTAL IN PA-TOT | AL              |          |        |         |    |            |
|------------------------------|------------------|-----------------------|-------------------|-----------------|----------|--------|---------|----|------------|
|                              |                  |                       |                   |                 | Mo       |        |         |    |            |
| 10,834 ELIGIBLES             | USERS            | UNITS OF SERVICE      | EXPENDITURES      | AVERAGE COST    |          |        | PER     |    | COST PER   |
|                              |                  | OR DAYS OF CARE       |                   | PER UNIT/DAY    | -        |        | ER      |    | ELIGIBLE   |
| @COMMUNITY HOSPITAL TOTAL    | 609              | 4 <b>,</b> 173 \$     | 689,993.13        | \$ 165.35       |          | \$ 113 |         | \$ | 63.69      |
| COMM HOSP INPATIENT TOTAL    | 72               | 613                   | 603,515.77        | 984.53          | .057     |        | 2.16    |    | 55.71      |
| HSC HOSPITALS                | 51               | 387                   | 451,051.19        | 1165.51         | .036     | 884    | 4.14    |    | 41.63      |
| NON-HSC HOSPITALS TOTAL      | 10               | 226                   | 141,892.59        | 627.84          | .021     | 1418   | 9.26    |    | 13.10      |
| ACCOMMODATIONS               | 10               | 226                   | 55,599.93         | 246.02          | .021     | 555    | 9.99    |    | 5.13       |
| ADMINISTRATIVE DAYS          | 3                | 105                   | 21,436.58         | 204.16          | .010     | 714    | 5.53    |    | 1.98       |
| TRANSITIONAL IP CARE         | 0                | 0                     | .00               | .00             | .000     |        | .00     |    | .00        |
| ALL OTHER ACCOM              | 7                | 121                   | 34,163.35         | 282.34          | .011     | 488    | 0.48    |    | 3.15       |
| ANCILLARIES                  | 10               | 0                     | 86,292.66         | .00             | .000     |        | 9.27    |    | 7.96       |
| INPATIENT CROSSOVERS         | 14               | 0                     | 10,571.99         | .00             | .000     |        | 5.14    |    | .98        |
| ALL OTHER INPATIENT          | 0                | 0                     | .00               | .00             | .000     | , ,    | .00     |    | .00        |
| COMM HOSP OUTPATIENT TOTAL   | 552              | 3,560                 | 86,477.36         | 24.29           | .329     | 1 5    | 6.66    |    | 7.98       |
| MEDICAL                      | 100              | 170                   | 10,873.32         | 63.96           | .016     |        | 8.73    |    | 1.00       |
|                              | 25               | 28                    |                   | 59.36           | .003     |        | 6.48    |    | .15        |
| SURGERY                      |                  |                       | 1,661.95          |                 |          |        |         |    |            |
| PATHOLOGY                    | 153              | 954                   | 7,621.10          | 7.99            | .088     |        | 9.81    |    | .70        |
| RADIOLOGY                    | 91               | 171                   | 21,731.20         | 127.08          | .016     |        | 8.80    |    | 2.01       |
| ROOM USE                     | 241              | 333                   | 13,019.27         | 39.10           | .031     |        | 4.02    |    | 1.20       |
| CROSSOVERS/ALL OTH OUTPTNT   |                  | 1,904                 | 31,570.52         | 16.58           | .176     |        | 3.17    |    | 2.91       |
| @STATE HOSPITAL              | 0                | 0 \$                  | .00               | \$ .00          | .000     | \$     | .00     | \$ | .00        |
| MENTALLY ILL                 | 0                | 0                     | .00               | .00             | .000     |        | .00     |    | .00        |
| DEVELOP. DISABLED            | 0                | 0                     | .00               | .00             | .000     |        | .00     |    | .00        |
| @NURSING FACILITY            | 488              | 10 <b>,</b> 392 \$    | 1,321,310.03      | \$ 127.15       | .959     | \$ 270 | 7.60    | \$ | 121.96     |
| LEV A-INTERMEDIATE           | 13               | 376                   | 27,680.24         | 73.62           | .035     | 212    | 9.25    |    | 2.55       |
| LEV B-REHAB MD               | 7                | 208                   | 25,180.36         | 121.06          | .019     | 359    | 7.19    |    | 2.32       |
| LEV B-SUBACUTE FREESTANDING  | 0                | 0                     | .00               | .00             | .000     |        | .00     |    | .00        |
| LEV B-SUBACUTE HSPTL BASED   | 1                | 15                    | 8,297.25          | 553.15          | .001     | 829    | 7.25    |    | .77        |
| LEV B-TRANSITIONAL IP CARE   | 0                | 0                     | .00               | .00             | .000     |        | .00     |    | .00        |
| LEV B-REGULAR                | 467              | 9,793                 | 1,260,152.18      | 128.68          | .904     | 269    | 8.40    |    | 116.31     |
| @INTERMEDIATE CARE FACILDD   | 14               | 348 \$                | 54,940.55         | \$ 157.88       |          | \$ 392 |         | Ś  | 5.07       |
| ICF DDH                      | 14               | 348                   | 54,940.55         | 157.88          | .032     |        | 4.33    |    | 5.07       |
| ICF DD                       | 0                | 0                     | .00               | .00             | .000     | 332    | .00     |    | .00        |
| ICF DDN/DDCN                 | 0                | 0                     | .00               | .00             | .000     |        | .00     |    | .00        |
| @HEMODIALYSIS TOTAL          | 4 9              | 1,076 \$              | 47,820.25         | \$ 44.44        | .099     | \$ 97  | 5.92    | Ś  | 4.41       |
| HOSPITAL BASED               | 0                | 0                     | .00               | .00             | .000     | γ ) /  | .00     | Y  | .00        |
| HEMODIALYSIS CENTER          | 49               | 1,076                 | 47,820.25         | 44.44           | .099     | 0.7    | 5.92    |    | 4.41       |
|                              | 43               | 305 \$                | 5,572.09          | \$ 18.27        |          |        | 9.58    | ċ  | .51        |
| @REHABILITATION FACILITY     | 43<br>6          |                       |                   | 32.32           |          |        |         | Ą  |            |
| HOSPITAL BASED               | -                | 22                    | 711.06            |                 | .002     |        | 8.51    |    | .07        |
| INDEPENDENT FACILITY         | 37               | 283                   | 4,861.03          | 17.18           | .026     |        | 1.38    |    | .45        |
| @LABORATORY FACILITY         | 231              | 959 \$                | 11,327.36         | \$ 11.81        |          |        | 9.04    | Ş  | 1.05       |
| PATHOLOGY                    | 225              | 937                   | 10,778.43         | 11.50           | .086     |        | 7.90    |    | .99        |
| XO AND OTHERS                | 6                | 22                    | 548.93            | 24.95           | .002     |        | 1.49    |    | .05        |
| @ORGANIZED OUTPATIENT CLINIC | 139              | 328 \$                | 15,777.11         | \$ 48.10        | .030     |        | 3.50    | \$ | 1.46       |
| CLINIC                       | 72               | 183                   | 4,450.72          | 24.32           | .017     |        | 1.82    |    | .41        |
| SURGICENTER                  | 9                | 47                    | 1,644.16          | 34.98           | .004     | 18     | 2.68    |    | .15        |
| HEROIN DETOX CLINIC          | 0                | 0                     | .00               | .00             | .000     |        | .00     |    | .00        |
| RURAL HEALTH CLINIC          | 60               | 98                    | 9,682.23          | 98.80           | .009     | 16     | 1.37    |    | .89        |
| #CALIF DEPT OF HEALTH SERV   | MEDI-CAL SERVICE | S AND EXPENDITURES MO | ONTH-OF-PAYMENT R | EPORT FOR JAN 2 | 004 THRU |        |         | Р  | AGE 10,876 |
| MOP024                       | FEE-FOR-SERVICE/ | DENTAL                |                   |                 |          |        |         |    | 03/14/05   |
| SACRAMENTO COUNTY            | SUMMARY OF SERVI | CES FOR CRAIG CASES-  | - TOTAL IN PA-TOT | AL              |          |        |         |    |            |
|                              |                  |                       |                   |                 | M        | VITHIA | 7177777 | CE |            |

----- MONTHLY AVERAGE -----10,834 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

|                                |       | OR DAYS OF CARE | 2  |                    | PER UNIT/DAY | PER ELIG | USER      | ELIGIBLE |
|--------------------------------|-------|-----------------|----|--------------------|--------------|----------|-----------|----------|
| @ALL OTHER PROVIDERS           | 1,353 | 100,571         | \$ | 294,738.92         | \$ 2.93      | 9.283    | \$ 217.84 | \$ 27.20 |
| DURABLE MED. EQUIP.            | 74    | 739             |    | 54,514.41          | 73.77        | .068     | 736.68    | 5.03     |
| BLOOD BANK                     | 0     | 0               |    | .00                | .00          | .000     | .00       | .00      |
| HEARING AID DISPENSERS         | 6     | 8               |    | 214.23             | 26.78        | .001     | 35.71     | .02      |
| MEDICAL TRANSPORTATION         | 228   | 11,163          |    | 40,132.04          | 3.60         | 1.030    | 176.02    | 3.70     |
| AMBULANCES/AIR TRANS           | 77    | 509             |    | 8,431.88           | 16.57        | .047     | 109.50    | .78      |
| OTHER TRANS                    | 130   | 10,628          |    | 29 <b>,</b> 361.87 | 2.76         | .981     | 225.86    | 2.71     |
| OTHER SERVICES                 | 28    | 26              |    | 2,338.29           | 89.93        | .002     | 83.51     | .22      |
| ACUPUNCTURE                    | 12    | 25              |    | 461.87             | 18.47        | .002     | 38.49     | .04      |
| ADULT DAY HEALTH CARE CTR      | 43    | 443             |    | 30,520.26          | 68.89        | .041     | 709.77    | 2.82     |
| GENETIC DISEASE TESTING        | 0     | 0               |    | .00                | .00          | .000     | .00       | .00      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 10    | 581             |    | 19,318.29          | 33.25        | .054     | 1931.83   | 1.78     |
| OCCUPATIONAL THERAPIST         | 2     | 103             |    | 309.53             | 3.01         | .010     | 154.77    | .03      |
| OPTICIAN                       | 119   | 271             |    | 2,699.29           | 9.96         | .025     | 22.68     | .25      |
| PHYSICAL THERAPIST             | 2     | 6               |    | 125.78             | 20.96        | .001     | 62.89     | .01      |
| PORTABLE X-RAY                 | 29    | 47              |    | 163.52             | 3.48         | .004     | 5.64      | .02      |
| PROSTHETIST/ORTHOTISTS         | 4     | 21              |    | 2,027.68           | 96.56        | .002     | 506.92    | .19      |
| PROSTHETICS                    | 4     | 21              |    | 2,027.68           | 96.56        | .002     | 506.92    | .19      |
| ORTHOTICS                      | 0     | 0               |    | .00                | .00          | .000     | .00       | .00      |
| PSYCHOLOGIST                   | 3     | 7               |    | 160.00             | 22.86        | .001     | 53.33     | .01      |
| SPEECH AND AUDIOLOGY           | 50    | 128             |    | 5,695.16           | 44.49        | .012     | 113.90    | .53      |
| HOSPICE SERVICES               | 11    | 234             |    | 30,207.70          | 129.09       | .022     | 2746.15   | 2.79     |
| NONINST BIRTHING CENTERS       | 0     | 0               |    | .00                | .00          | .000     | .00       | .00      |
| LOCAL EDUCATION AGENCIES       | 536   | 9,945           |    | 76 <b>,</b> 849.68 | 7.73         | .918     | 143.38    | 7.09     |
| EPSDT SUPPLEMENTAL SERVICE     | 1     | 65              |    | 1,911.65           | 29.41        | .006     | 1911.65   | .18      |
| RESPIRATORY CARE PRACT.        | 0     | 0               |    | .00                | .00          | .000     | .00       | .00      |
| PED SUBACUTE REHAB/WEANING     | 0     | 0               |    | .00                | .00          | .000     | .00       | .00      |
| ALL OTHER PROVIDERS            | 292   | 76 <b>,</b> 785 |    | 29,427.83          | .38          | 7.087    | 100.78    | 2.72     |
| @CALIF. CHILDREN SERVICES*     | 210   | 10,589          | \$ | 196,674.23         | \$ 18.57     | .977     | \$ 936.54 | \$ 18.15 |
| @XOVER EXCLUDING STATE HOSP**  | 1,023 | 8,565           | \$ | . ,                | \$ 22.49     | .791     | \$ 188.26 | \$ 17.78 |

 $\ensuremath{\mathbb{Q}}^{\star}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,877 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

| bilitarianto conti        |                  |                  |    |                |              |            |             |      |          |
|---------------------------|------------------|------------------|----|----------------|--------------|------------|-------------|------|----------|
|                           |                  |                  |    |                |              | MON        | ITHLY AVERA | GE - |          |
| 1,203,065 ELIGIBLES       | USERS            | UNITS OF SERVICE | :  | EXPENDITURES   | AVERAGE COST | UNITS/DAYS | COST PER    | (    | COST PER |
|                           |                  | OR DAYS OF CARE  | 1  |                | PER UNIT/DAY | PER ELIG   | USER        | Ε    | ELIGIBLE |
| @TOTAL, ALL PROVIDERS     | 852 <b>,</b> 198 | 30,497,036       | \$ | 531,592,378.89 | \$ 17.43     | 25.349     | 623.79      | \$   | 441.87   |
| @PHYSICIANS SERVICES      | 276,004          | 928 <b>,</b> 597 | \$ | 40,099,306.62  | \$ 43.18     | .772       | 145.29      | \$   | 33.33    |
| OUTPATIENT VISITS         | 161,636          | 242,237          |    | 9,244,491.80   | 38.16        | .201       | 57.19       |      | 7.68     |
| OFFICE VISITS             | 111,970          | 149,572          |    | 4,811,050.54   | 32.17        | .124       | 42.97       |      | 4.00     |
| HOME VISITS               | 400              | 485              |    | 16,938.63      | 34.93        | .000       | 42.35       |      | .01      |
| EMERGENCY ROOM            | 28,017           | 32,741           |    | 2,011,377.73   | 61.43        | .027       | 71.79       |      | 1.67     |
| PREVENTIVE CARE           | 175              | 176              |    | 7,577.97       | 43.06        | .000       | 43.30       |      | .01      |
| OB VISITS/COMPRE PERI     | 15,123           | 39 <b>,</b> 931  |    | 1,897,856.26   | 47.53        | .033       | 125.49      |      | 1.58     |
| OTHER OUTPATIENT          | 15 <b>,</b> 586  | 19 <b>,</b> 332  |    | 499,690.67     | 25.85        | .016       | 32.06       |      | .42      |
| INPATIENT VISITS          | 18,738           | 90 <b>,</b> 847  |    | 5,782,069.42   | 63.65        | .076       | 308.57      |      | 4.81     |
| HOSPITAL VISITS           | 16,058           | 70,551           |    | 3,092,633.50   | 43.84        | .059       | 192.59      |      | 2.57     |
| CRITICAL CARE             | 2,363            | 16,834           |    | 2,580,071.88   | 153.27       | .014       | 1091.86     |      | 2.14     |
| SNF/ICF/TRANS IP CARE     | 1,813            | 3,462            |    | 109,364.04     | 31.59        | .003       | 60.32       |      | .09      |
| OPHTHALMOLOGICAL SERVICES | 4,056            | 5 <b>,</b> 296   |    | 207,118.25     | 39.11        | .004       | 51.06       |      | .17      |
| EXAMINATIONS              | 3,734            | 4,959            |    | 200,006.49     | 40.33        | .004       | 53.56       |      | .17      |
| SERVICES AND MATERIALS    | 334              | 337              |    | 7,111.76       | 21.10        | .000       | 21.29       |      | .01      |

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

| INPATIENT HOSPITAL SURGERY | 12,694           | 64,736             |       | 7,818,193.81        |          | 120.77                             | .054            |     | 615.90 |    | 6.50       |
|----------------------------|------------------|--------------------|-------|---------------------|----------|------------------------------------|-----------------|-----|--------|----|------------|
| PRINCIPAL SURGEON          | 9,055            | 13,185             |       | 6,276,306.09        |          | 476.02                             | .011            |     | 693.13 |    | 5.22       |
| ASSISTANT SURGEON          | 1,269            | 1,321              |       | 270,367.98          |          | 204.67                             | .001            |     | 213.06 |    | .22        |
| ANESTHESIOLOGIST           | 5,138            | 50,230             |       | 1,271,519.74        |          | 25.31                              | .042            |     | 247.47 |    | 1.06       |
|                            | 14,177           |                    |       | 2,928,648.28        |          | 90.59                              | .027            |     | 206.58 |    | 2.43       |
| PRINCIPAL SURGEON          |                  |                    |       | 2,432,591.55        |          | 155.16                             | .013            |     | 202.11 |    | 2.02       |
| ASSISTANT SURGEON          | 100              | 100                |       | 17,219.90           |          | 172.20                             | .000            |     | 172.20 |    | .01        |
| ANESTHESIOLOGIST           | 3 <b>,</b> 376   | 16,549             |       | 478,836.83          |          | 28.93                              | .014            |     | 141.84 |    |            |
| DIALYSIS                   | 1,513            | 6,181              |       | 475,503.25          |          | 76.93                              | .005            |     | 314.28 |    | .40        |
| PATHOLOGY                  | 22,118           | 47,790             |       | 686,614.06          |          | 14.37                              | .040            |     | 31.04  |    | .57        |
| RADIOLOGY                  | 52,933           | 47,790<br>109,488  |       | 5,379,695.67        |          | 49.14                              |                 |     | 101.63 |    | 4.47       |
| PSYCHIATRY                 | 101              | 124                |       | 6,319.95            |          | 50.97                              | .000            |     | 62.57  |    | .01        |
| IMMUNIZATION AND INJECTION | 7,040            | 56,161             |       | 1,777,022.90        |          | 31.64                              | .047            |     | 252.42 |    | 1.48       |
| OTHER SERVICES/ALL X-OVERS | 93,397           | 273,410            |       | 5,793,629.23        |          | 21.19                              | .227            |     | 62.03  |    | 4.82       |
| @PHARMACY                  | 527,289          | 12,702,545         | \$    | 185,788,741.88      | \$       | 14.63                              | 10.558          | \$  | 352.35 | \$ | 154.43     |
| PRESCRIPTION DRUGS         | 518,764          | 2,293,037          |       | 175,065,208.87      |          | 76.35                              | 1.906           |     | 337.47 |    | 145.52     |
| SNF/ICF                    | 30,620           | 219,419            |       | 13,523,689.71       |          | 61.63                              | .182            |     | 441.66 |    | 11.24      |
| OUTPATIENTS                |                  | 2,073,618          |       | 161,541,519.16      |          | 77.90                              | 1.724           |     | 328.59 |    | 134.27     |
| MEDICAL SUPPLIES           | 50,582           | 10,409,508         |       | 10,723,533.01       |          | 1.03                               | 8.652           |     | 212.00 |    | 8.91       |
| @DENTIST                   | 52,897           | 262,305            | \$    | 8,683,577.01        | \$       | 33.10                              | .218            | \$  | 164.16 | \$ | 7.22       |
| VISITS - DIAGNOSTIC        | 36,536           |                    |       | 2,157,208.76        |          | 12.38                              | .145            |     | 59.04  |    | 1.79       |
| ORAL SURGERY               | 9,239            | 22,872             |       | 1,149,199.83        |          | 50.24                              | .019            |     | 124.39 |    | .96        |
| DRUGS                      | 242              | 280                |       | 5,175.00            |          | 18.48                              |                 |     | 21.38  |    | .00        |
| ANESTHESIA                 | 85               | 89                 |       | 6,700.00            |          | 75.28                              | .000            |     | 78.82  |    | .01        |
| PERIODONTICS               | 2,648            | 2,910              |       | 307,491.09          |          | 105.67                             | .002            |     | 116.12 |    | .26        |
| ENDODONTICS                | 3,122            | 4,828              |       | 885,300.29          |          | 75.28<br>105.67<br>183.37<br>57.46 | .004            |     | 283.57 |    | .74        |
| RESTORATIVE DENTISTRY      | 13 <b>,</b> 997  | 36,390             |       | 2,090,834.61        |          | 57.46                              | .030            |     | 149.38 |    | 1.74       |
| PROSTHETICS                | 506              | 544                |       | 16,892.50           |          | 31.05                              | .000            |     | 33.38  |    | .01        |
| DENTURES, STAYPLATES       | 5 <b>,</b> 628   | 16,634             |       | 1,986,796.80        |          |                                    |                 |     | 353.02 |    | 1.65       |
|                            | 154              | 213                |       | 19,462.00           |          | 91.37                              | .000            |     | 126.38 |    | .02        |
| MAXILLOFACIAL SERVICES     |                  | 49                 |       | 2,862.88            |          | 58.43                              | .000            |     | 68.16  |    | .00        |
| FRACTURES, DISLOCATIONS    | 3                | 4                  |       | 1,490.00            |          | 372.50                             | .000            |     | 496.67 |    | .00        |
| ORTHODONTIC SERVICES       | 847              | 1,248              |       | 49,793.25           |          | 39.90                              | .001            |     | 58.79  |    | .04        |
| ALL OTHER SERVICES         | 1,296            | 2,015              |       | 4,370.00            |          | 2.17                               | .002            |     | 3.37   |    | .00        |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICE | S AND EXPENDITUR   | RES M | IONTH-OF-PAYMENT RI | EPOR1    | FOR JAN                            | 2004 THRU       | DEC | 2004   | P  | AGE 10,878 |
|                            | FEE-FOR-SERVICE/ |                    |       |                     |          |                                    |                 |     |        |    | 03/14/05   |
| SACRAMENTO COUNTY          | SUMMARY OF SERVI | CES FOR TOTAL (    | CERTI | FIED                |          |                                    |                 |     |        |    |            |
|                            |                  |                    |       |                     |          |                                    | M               |     |        |    |            |
| 1 202 005 ELICIPIES        | HOEDO            | INTERO OF CERTIFOR |       | DADDMDIMIDEO        | 75.7.7.7 | TO A CEL COCI                      | T TINTEMO / DAY |     |        |    | COCH DED   |

| 1,203,065 ELIGIBLES          | USERS  | UNITS OF SERVICE | £. | EXPENDITURES | AVE | ERAGE COST | UNITS/DAY | S  | COST PER | COST PER   |
|------------------------------|--------|------------------|----|--------------|-----|------------|-----------|----|----------|------------|
|                              |        | OR DAYS OF CAR   | €  |              | PEF | R UNIT/DAY | PER ELIG  |    | USER     | ELIGIBLE   |
| @OPTOMETRIST                 | 16,622 | 50,711           | \$ | 1,066,324.40 | \$  | 21.03      | .042      | \$ | 64.15    | \$<br>.89  |
| DIAGNOSTIC AND ANC. PROCED   | 9,031  | 9,830            |    | 388,564.18   |     | 39.53      | .008      |    | 43.03    | .32        |
| EYE APPLIANCES               | 13,226 | 39,842           |    | 647,194.10   |     | 16.24      | .033      |    | 48.93    | .54        |
| OTHER OPTOMETRIC SERVICES    | 818    | 1,039            |    | 30,566.12    |     | 29.42      | .001      |    | 37.37    | .03        |
| @CHIROPRACTOR                | 928    | 1,756            | \$ | 28,900.22    | \$  | 16.46      | .001      | \$ | 31.14    | \$<br>.02  |
| VISITS                       | 900    | 1,702            |    | 28,219.76    |     | 16.58      | .001      |    | 31.36    | .02        |
| OTHER SERVICES               | 28     | 54               |    | 680.46       |     | 12.60      | .000      |    | 24.30    | .00        |
| @PODIATRIST                  | 11,029 | 17 <b>,</b> 796  | \$ | 255,622.34   | \$  | 14.36      | .015      | \$ | 23.18    | \$<br>.21  |
| MEDICINE/INJECTIONS          | 2,732  | 3,034            |    | 92,212.46    |     | 30.39      | .003      |    | 33.75    | .08        |
| SURGERY/ANES.                | 243    | 367              |    | 13,723.32    |     | 37.39      | .000      |    | 56.47    | .01        |
| RADIO./PATHOLOGY             | 183    | 244              |    | 4,315.59     |     | 17.69      | .000      |    | 23.58    | .00        |
| OTHER                        | 8,271  | 14,151           |    | 145,370.97   |     | 10.27      | .012      |    | 17.58    | .12        |
| @HOME HEALTH AGENCY          | 3,869  | 219,565          | \$ | 7,544,983.27 | \$  | 34.36      | .183      | \$ | 1950.11  | \$<br>6.27 |
| NURSE ANESTHESIST            | 432    | 3 <b>,</b> 545   | \$ | 37,305.47    | \$  | 10.52      | .003      | \$ | 86.36    | \$<br>.03  |
| NURSE MIDWIFE                | 146    | 1,279            | \$ | 38,181.34    | \$  | 29.85      | .001      | \$ | 261.52   | \$<br>.03  |
| PEDIATRIC NURSE PRACTITIONER | 23     | 24               | \$ | 848.97       | \$  | 35.37      | .000      | \$ | 36.91    | \$<br>.00  |

| FAMILY NURSE PRACTITIONER   | 1,224   | 3,214            | \$<br>74,715.41      | \$<br>23.25  | .003 | \$<br>61.04   | \$<br>.06    |
|-----------------------------|---------|------------------|----------------------|--------------|------|---------------|--------------|
| @TOTAL HOSPITAL             | 112,568 | 724,331          | \$<br>128,083,952.58 | \$<br>176.83 | .602 | \$<br>1137.84 | \$<br>106.46 |
| HOSP INPATIENT TOTAL        | 17,421  | 87 <b>,</b> 149  | 112,581,692.66       | 1291.83      | .072 | 6462.41       | 93.58        |
| HSC HOSPITALS               | 14,781  | 79,417           | 102,710,117.06       | 1293.30      | .066 | 6948.79       | 85.37        |
| NON-HSC HOSPITAL TOTAL      | 1,028   | 7,732            | 8,106,934.09         | 1048.49      | .006 | 7886.12       | 6.74         |
| ACCOMMODATIONS              | 1,019   | 7,732            | 3,898,680.28         | 504.23       | .006 | 3825.99       | 3.24         |
| ADMINISTRATIVE DAYS         | 36      | 328              | 62,443.33            | 190.38       | .000 | 1734.54       | .05          |
| TRANSITIONAL IP CARE        | 0       | 0                | .00                  | .00          | .000 | .00           | .00          |
| ALL OTHER ACCOM             | 984     | 7,404            | 3,836,236.95         | 518.13       | .006 | 3898.61       | 3.19         |
| ANCILLARIES                 | 1,009   | 0                | 4,208,253.81         | .00          | .000 | 4170.72       | 3.50         |
| INPATIENT CROSSOVERS        | 1,902   | 0                | 1,764,641.51         | .00          | .000 | 927.78        | 1.47         |
| ALL OTHER INPATIENT         | 0       | 0                | .00                  | .00          | .000 | .00           | .00          |
| HOSP OUTPATIENT TOTAL       | 101,684 | 637 <b>,</b> 182 | 15,502,259.92        | 24.33        | .530 | 152.46        | 12.89        |
| MEDICAL                     | 17,813  | 27 <b>,</b> 938  | 1,204,140.49         | 43.10        | .023 | 67.60         | 1.00         |
| SURGERY                     | 6,851   | 8 <b>,</b> 607   | 357 <b>,</b> 237.71  | 41.51        | .007 | 52.14         | .30          |
| PATHOLOGY                   | 34,161  | 216 <b>,</b> 347 | 1,844,312.76         | 8.52         | .180 | 53.99         | 1.53         |
| RADIOLOGY                   |         | 34 <b>,</b> 105  |                      |              |      | 138.27        |              |
| ROOM USE                    |         | 75 <b>,</b> 853  |                      |              |      | 53.76         | 2.39         |
| CROSSOVERS/ALL OTH OUTPTNT  | 51,444  | 274,332          |                      |              |      | 122.18        | 5.22         |
| @COUNTY HOSPITAL TOTAL      | 992     | 5 <b>,</b> 630   | \$<br>               | \$           | .005 | \$<br>1389.02 | \$<br>1.15   |
| CO HOSPITAL INPATIENT TOTAL | 159     | 1,088            | 1,241,419.14         | 1141.01      | .001 | 7807.67       | 1.03         |
| HSC HOSPITALS               | 149     | 1,022            | 1,181,020.02         | 1155.60      | .001 | 7926.31       | .98          |
| NON-HSC HOSPITALS TOTAL     | 11      | 66               | 57,807.12            | 875.87       | .000 | 5255.19       | .05          |
| ACCOMMODATIONS              | 10      | 66               | 24,482.31            | 370.94       | .000 | 2448.23       | .02          |
| ADMINISTRATIVE DAYS         | 0       | 0                | .00                  | .00          | .000 | .00           | .00          |
| TRANSITIONAL IP CARE        | 0       | 0                | .00                  | .00          | .000 | .00           | .00          |
| ALL OTHER ACCOM             | 10      | 66               | 24,482.31            | 370.94       | .000 | 2448.23       | .02          |
| ANCILLARIES                 | 11      | 0                | 33,324.81            | .00          | .000 | 3029.53       | .03          |
| INPATIENT CROSSOVERS        | 3       | 0                | 2,592.00             | .00          | .000 | 864.00        | .00          |
| ALL OTHER INPATIENT         | 0       | 0                | .00                  | .00          | .000 | .00           | .00          |
| CO HOSP OUTPATIENT TOTAL    | 891     | 4,542            | 136,488.34           |              | .004 | 153.19        | .11          |
| MEDICAL                     | 281     | 402              | 14,265.50            | 35.49        | .000 | 50.77         | .01          |
|                             |         |                  |                      |              |      |               |              |

| SURGERY                    | 144                  | 225            | 7,698.26                | 34.21   | .000      | 53.46    | .01         |
|----------------------------|----------------------|----------------|-------------------------|---------|-----------|----------|-------------|
| PATHOLOGY                  | 339                  | 1,682          | 26,781.86               | 15.92   | .001      | 79.00    | .02         |
| RADIOLOGY                  | 135                  | 222            | 19,063.48               | 85.87   | .000      | 141.21   | .02         |
| ROOM USE                   | 521                  | 863            | 41,073.32               | 47.59   | .001      | 78.84    | .03         |
| CROSSOVERS/ALL OTH OUTPINT | 478                  | 1,148          | 27,605.92               | 24.05   | .001      | 57.75    | .02         |
| #CALIF DEPT OF HEALTH SERV | MEDI-CAL SERVICES AN | D EXPENDITURES | MONTH-OF-PAYMENT REPORT | FOR JAN | 2004 THRU | DEC 2004 | PAGE 10,879 |
| MOP024                     | FEE-FOR-SERVICE/DENT | AL             |                         |         |           |          | 03/14/05    |
| SACRAMENTO COUNTY          | SUMMARY OF SERVICES  | FOR TOTAL CER  | TIFIED                  |         |           |          |             |

| SACRAMENTO COUNTY   | SUMMARY OF SER  | VICES FOR TOTAL CERT | IFIED               |              |                      |   |       | 03/14/03 |
|---|-----------------|----------------------|---------------------|--------------|----------------------|---|-------|----------|
|   |                 |                      |                     |              | MON                  | THLY AVERA  | .GE - |          |
| QCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE FREESTANDING LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY QLABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC | USERS           | UNITS OF SERVICE     | EXPENDITURES        | AVERAGE COST | UNITS/DAYS           |   |       | OST PER  |
|   |                 | OR DAYS OF CARE      |                     | PER UNIT/DAY | PER ELIG             |   |       | LIGIBLE  |
| @COMMUNITY HOSPITAL TOTAL   | 111,704         | 718,701 \$           | 126,706,045.10      | \$ 176.30    | .597 \$              | 1134.30   |       |          |
| COMM HOSP INPATIENT TOTAL   | 17 <b>,</b> 269 | 86,061               | 111,340,273.52      | 1293.74      | .072                 | 6447.41   |       | 92.55    |
| HSC HOSPITALS   | 14,638          | 78 <b>,</b> 395      | 101,529,097.04      | 1295.10      | .065                 | 6936.00   |       | 84.39    |
| NON-HSC HOSPITALS TOTAL   | 1,017           | 7 <b>,</b> 666       | 8,049,126.97        | 1049.98      | .006                 | 7914.58   |       | 6.69     |
| ACCOMMODATIONS  | 1,009           | 7,666                | 3,874,197.97        | 505.37       | .006                 | 3839.64   |       | 3.22     |
| ADMINISTRATIVE DAYS   | 36              | 328                  | 62,443.33           | 190.38       | .000                 | 6936.00<br>7914.58<br>3839.64<br>1734.54  |       | .05      |
| TRANSITIONAL IP CARE  | 0               | 0                    | .00                 | .00          | .000                 | .00<br>3913.51  |       | .00      |
| ALL OTHER ACCOM   | 974             | 7,338                | 3,811,754.64        | 519.45       | .006                 | 3913.51   |       | 3.17     |
| ANCILLARIES   | 998             | 0                    | 4,174,929.00        | .00          | .000                 | 4183.30   |       | 3.47     |
| INPATIENT CROSSOVERS  | 1,899           | 0                    | 1,762,049.51        | .00          | .000                 | 007 00  |       | 1 1 (    |
| ALL OTHER INPATIENT   | 0               | 0                    | .00                 | .00          | .000                 | .00   |       | .00      |
| COMM HOSP OUTPATIENT TOTAL  | 100,893         | 632 <b>,</b> 640     | 15,365,771.58       | 24.29        | .526                 | 152.30  |       | 12.77    |
| MEDICAL   | 17,543          | 27 <b>,</b> 536      | 1,189,874.99        | 43.21        | .023                 | 67.83   |       | .99      |
| SURGERY   | 6,707           | 8,382                | 349,539.45          | 41.70        | .007                 | 52.12   |       | .29      |
| PATHOLOGY   | 33,853          | 214,665              | 1,817,530.90        | 8.47         | .178                 | 927.88<br>.00<br>152.30<br>67.83<br>52.12<br>53.69<br>138.19<br>53.47<br>122.72 |       | 1.51     |
| RADIOLOGY   | 21,075          | 33,883               | 2,912,300.11        | 85.95        | .028                 | 138.19  |       | 2.42     |
| ROOM USE  | 53,091          | 74 <b>,</b> 990      | 2,838,740.43        | 37.85        | .062                 | 53.47   |       | 2.36     |
| CROSSOVERS/ALL OTH OUTPTNT  | 50 <b>,</b> 991 | 273 <b>,</b> 184     | 6,257,785.70        | 22.91        | .227                 | 122.72  |       | 5.20     |
| @STATE HOSPITAL   | 36              | 1,208 \$             | 721,411.56          | \$ 597.20    | .001 \$              | 20039.21  | \$    | . 00     |
| MENTALLY ILL  | 17              | 328                  | 174,046.07          | 530.63       | .000                 | 10238.00  |       | .14      |
| DEVELOP. DISABLED   | 19              | 880                  | 547 <b>,</b> 365.49 | 622.01       | .001                 | 28808.71  |       | .45      |
| @NURSING FACILITY   | 28,694          | 877 <b>,</b> 936 \$  | 99,136,812.71       | \$ 112.92    | .730 \$              | 3454.97   | \$    |          |
| LEV A-INTERMEDIATE  | 626             | 20,487               | 1,294,953.28        | 63.21        | .017                 | 2068.62   |       | 1.08     |
| LEV B-REHAB MD  | 458             | 15,311               | 1,646,648.70        | 107.55       | .013                 | 3595.30   |       | 1.37     |
| LEV B-SUBACUTE FREESTANDING   | 45              | 1,592                | 882 <b>,</b> 539.29 | 554.36       | .001                 | 19611.98  |       |          |
| LEV B-SUBACUTE HSPTL BASED  | 299             | 9 <b>,</b> 873       | 5,400,643.75        | 547.01       | .008                 | 18062.35  |       | 4.49     |
| LEV B-TRANSITIONAL IP CARE  | 0               | 0                    | .00                 | .00          | .000                 | .00   |       | .00      |
| LEV B-REGULAR   | 27,310          | 830 <b>,</b> 673     | 89,912,027.69       | 108.24       | .690                 | 3292.27   |       | 74.74    |
| @INTERMEDIATE CARE FACILDD  | 1,737           | 52 <b>,</b> 931 \$   | 8,060,695.38        | \$ 152.29    | .044 \$              | 4640.58   |       |          |
| ICF DDH   | 1,017           | 31 <b>,</b> 596      | 4,993,082.42        | 158.03       | .026                 | 4909.62   |       | 4.15     |
| ICF DD  | 588             | 17,447               | 2,325,489.81        | 133.29       | .015<br>.003         | 3954.91   |       |          |
| ICF DDN/DDCN  | 132             | 3,888                | 742 <b>,</b> 123.15 | 190.88       | .003                 | 5622.15   |       | .62      |
| @HEMODIALYSIS TOTAL   | 6 <b>,</b> 176  | 210,012 \$           | 8,530,755.75        | \$ 40.62     | .175 \$              | 1381.28   | \$    | 7.09     |
| HOSPITAL BASED  | 133             | 2,253                | 435,933.62          | 193.49       | .002                 | 3277.70   |       | .36      |
| HEMODIALYSIS CENTER   | 6,046           | 207 <b>,</b> 759     | 8,094,822.13        | 38.96        | .173                 |   |       |          |
| @REHABILITATION FACILITY  | 2 <b>,</b> 776  | 22 <b>,</b> 585 \$   | 451 <b>,</b> 037.61 | \$ 19.97     | .019 \$              | 162.48  | \$    | .37      |
| HOSPITAL BASED  | 1,082           | 4,105                | 122,055.23          | 29.73        | .003                 | 112.81  |       | .10      |
| INDEPENDENT FACILITY  | 1,707           | 18,480               | 328,982.38          | 17.80        | .015                 | 192.73  |       | .27      |
| @LABORATORY FACILITY  | 61 <b>,</b> 478 | 232,099 \$           | 2,763,944.57        | \$ 11.91     | .193 \$              | 44.96   | \$    |          |
| PATHOLOGY   | 60,898          | 230,385              | 2,749,245.04        | 11.93        | .191                 |   |       | 2.29     |
| XO AND OTHERS   | 589             | 1,714                | 14,699.53           | 8.58         | .001                 |   |       | .01      |
| @ORGANIZED OUTPATIENT CLINIC  | 34,860          | 115,417 \$           | 4,622,113.27        | \$ 40.05     | .096 \$              | 132.59  |       | 3.84     |
| CLINIC  | 24,056          | 90 <b>,</b> 359      | 2,444,259.98        | 27.05        | .075                 | 101.61  |       | 2.03     |
| SURGICENTER   | 2,230           | 10,388               | 444,703.51          | 42.81        | .075<br>.009<br>.001 | 199.42<br>129.06  |       | .37      |
| HEROIN DETOX CLINIC   | 73              | 892                  | 9,421.73            | 10.56        | .001                 | 129.06  |       | .01      |
|   |                 |                      |                     |              |                      |   |       |          |

RURAL HEALTH CLINIC 8,574 13,778 1,723,728.05 125.11 .011 201.04 1.43
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 10,880
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SACRAMENTO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

| DITOTUMENTO COCKTI             | DOIMING OF DER   | VIOLO ION IONE   | ОПІСТІ | 1120          |              |        |            | ~=       |
|--------------------------------|------------------|------------------|--------|---------------|--------------|--------|------------|----------|
|                                |                  |                  |        |               |              |        |            | GE       |
| 1,203,065 ELIGIBLES            | USERS            | UNITS OF SERVIC  |        | EXPENDITURES  | AVERAGE COST |        |            | COST PER |
|                                |                  | OR DAYS OF CAR   |        |               | PER UNIT/DAY |        | USER       | ELIGIBLE |
|                                | 183 <b>,</b> 879 | 14,069,180       | \$     | <b>, ,</b>    |              | 11.694 |            | •        |
| DURABLE MED. EQUIP.            | 8,486            | 39 <b>,</b> 002  |        | 4,398,190.31  | 112.77       | .032   | 518.29     | 3.66     |
| BLOOD BANK                     | 0                | 0                |        | .00           | .00          | .000   | .00        | .00      |
| HEARING AID DISPENSERS         | 272              | 333              |        | 102,815.23    | 308.75       | .000   | 378.00     | .09      |
| MEDICAL TRANSPORTATION         | 21,738           | 1,080,323        |        | 4,991,091.59  | 4.62         | .898   | 229.60     | 4.15     |
| AMBULANCES/AIR TRANS           | 12,181           | 90 <b>,</b> 663  |        |               | 17.88        | .075   | 133.10     | 1.35     |
| OTHER TRANS                    | 8 <b>,</b> 645   | 979 <b>,</b> 435 |        | 3,220,823.31  | 3.29         | .814   | 372.56     | 2.68     |
| OTHER SERVICES                 | 1,766            | 10,225           |        | 148,951.93    | 14.57        | .008   | 84.34      | .12      |
| ACUPUNCTURE                    | 4,678            | 10,697           |        | 188,045.47    | 17.58        | .009   | 40.20      |          |
| ADULT DAY HEALTH CARE CTR      | 5 <b>,</b> 797   | 84,107           |        | 5,794,645.08  | 68.90        | .070   | 999.59     | 4.82     |
| GENETIC DISEASE TESTING        | 4,037            | 4,049            |        | 424,857.00    | 104.93       | .003   | 105.24     | .35      |
| IHMC, MODEL-NF, NF, AIDS, MSSP | 4,232            | 103,485          |        | 3,765,868.09  | 36.39        | .086   | 889.86     | 3.13     |
| OCCUPATIONAL THERAPIST         | 113              | 4,358            |        | 14,642.00     | 3.36         | .004   | 129.58     | .01      |
| OPTICIAN                       | 30,708           | 68,180           |        | 697,550.22    | 10.23        | .057   | 22.72      | .58      |
| PHYSICAL THERAPIST             | 659              | 5 <b>,</b> 792   |        | 79,114.05     | 13.66        | .005   | 120.05     | .07      |
| PORTABLE X-RAY                 | 825              | 1,602            |        | 13,508.41     | 8.43         | .001   | 16.37      | .01      |
| PROSTHETIST/ORTHOTISTS         | 1,054            | 3,469            |        | 381,374.24    | 109.94       | .003   | 361.84     | .32      |
| PROSTHETICS                    | 1,050            | 3,463            |        | 380,922.74    | 110.00       | .003   | 362.78     | .32      |
| ORTHOTICS                      | 5                | 6                |        | 451.50        | 75.25        | .000   | 90.30      | .00      |
| PSYCHOLOGIST                   | 243              | 765              |        | 31,013.99     | 40.54        | .001   | 127.63     | .03      |
| SPEECH AND AUDIOLOGY           | 6,406            | 24,772           |        | 1,193,282.19  | 48.17        | .021   | 186.28     | .99      |
| HOSPICE SERVICES               | 656              | 17,324           |        | 2,208,221.19  | 127.47       | .014   | 3366.19    | 1.84     |
| NONINST BIRTHING CENTERS       | 16               | 16               |        | 16,868.52     | 1054.28      | .000   | 1054.28    | .01      |
| LOCAL EDUCATION AGENCIES       | 71,776           | 907,245          |        | 7,391,302.02  | 8.15         | .754   | 102.98     | 6.14     |
| EPSDT SUPPLEMENTAL SERVICE     | 255              | 21,379           |        | 623,499.93    | 29.16        | .018   | 2445.10    | .52      |
| RESPIRATORY CARE PRACT.        | 0                | 0                |        | .00           | .00          | .000   | .00        | .00      |
| PED SUBACUTE REHAB/WEANING     | 0                | 0                |        | .00           | .00          | .000   | .00        | .00      |
| ALL OTHER PROVIDERS            | 32 <b>,</b> 877  | 11,692,282       |        | 3,287,259.00  | .28          | 9.719  | 99.99      | 2.73     |
| @CALIF. CHILDREN SERVICES*     | 21,693           | 698,289          |        | 42,471,183.39 |              | .580   | \$ 1957.83 | \$ 35.30 |
| @XOVER EXCLUDING STATE HOSP**  | •                | 1,283,151        |        |               |              | 1.067  |            |          |
| Q+ MOMATO THE MURCH TIMES AND  | CITIEN AC A CEDA |                  |        |               |              |        |            |          |

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.